CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

WP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record hove any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/29/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

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12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/29/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

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FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10761

CERTIFICATE OF DEATH.

90 E 10761

REGISTERED NO.

1-4

1-PLACE OF DEATH

City of BALTIMORE: (No. 524 N. Decker Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Faultner. FAULKNER

(a) RESIDENCE NO. 524 N. Decker Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie M. Faultner.

6 DATE OF BIRTH (month, day, and year) Oct, 23, 1891.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34,	6,	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Enginer. 030

(b) General nature of industry, business, or establishment in which employed (or employer) Western Md. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Eldridge Faulkner.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Jefferson.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Marie M. Faulkner.

(Address) 524 Decker Ave.

15 [illegible] 19 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 16 - 1926 - 10-15 P M

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 16, 1926, that I last saw him alive on May 16, 1926, and that death occurred, on the date stated above, at 10.15 p. m.

The CAUSE OF DEATH* was as follows:

Broken Compensation

Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Valvular disease (mitral reg) (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) George Ulrich Bowden, M. D.

5/17, 1926 (Address) 1516 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem Date of Burial 9 May 20 1926

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fort Av.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10762

CERTIFICATE OF DEATH.

100-001
100 E 10762

1-PLACE OF DEATH

City of BALTIMORE: (No. 2415 Hudson St Ward 3)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Clayton

(a) RESIDENCE NO. 2415 Hudson St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
m	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5 — 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	11	13 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. City

10 NAME OF FATHER Glasco Clayton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Cassie Willis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Glasco Clayton

(Address) 2415 Hudson Pl.

1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 18, 1926, that I last saw h— alive on May 18, 1926, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(over)

(duration) x yrs. x mos. 6 ds.

CONTRIBUTORY (Secondary) Congenital weakness (duration) yrs. 9 mos. 7 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no.

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ged L Hall, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Asbury Cemty	May 20 1926
20 UNDERTAKER	ADDRESS
Robert Williams	1515 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

10763

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10763

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Mt St Agnes Convent

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Mt Washington Rd St. 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr" Mary Clare Maguire

(a) RESIDENCE NO. Mt Washington Rd St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) August 31 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73.	8.	18.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sister of Mercy 65

(b) General nature of industry, business, or establishment in which employed (or employer): Usual duties of Sister of Mary.

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Christopher Maguire

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Susan ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

Informant: Rev Mother

(Address): Mt St Agnes Convent

1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15 1926, to May 18 1926.

that I last saw h- alive on May 18 1926,

and that death occurred, on the date stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 4 years

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Mt St Agnes Convent

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Edward P Sweeney M. D.

May 19 1926 (Address) 162 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt St Agnes Convent Cemetery	May 20 1926
20 UNDERTAKER	ADDRESS
Henry W Jenkins & Son Co	Oakland Md Garrett Co

Spec.—12-9-25—A Co.—200 Bks.

Dr Mountford, Barclay 25th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10764

CERTIFICATE OF DEATH.

129

E 10764

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2819 Fusby St., 9-3 Ward)

2-FULL NAME John A Habercon

(a) RESIDENCE NO. 2819 Fusby St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Habercon

6 DATE OF BIRTH (month, day, and year): Apr 17, 1864

7 AGE — Years: 62 — Months: 1 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 166

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: John Habercon

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

14 Informant: Howard Habercon

(Address): 350 N Harrison Ave

15 Filed May 19 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 13th 1926 to May 18th 1926, that I last saw h.. alive on May 18th 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Coma

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis Hypertension.

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Worthington Oliver M. D.

5/19/1926 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — Date of Burial: May 20 1926

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10765 · HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 10765

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura England

(a) RESIDENCE NO. 1522 Gorsuch Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) - Sept 23, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Manufacturers Record.

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Joseph England

11 BIRTHPLACE OF FATHER (city or town) London, Eng. (State or country)

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) Cambridge Md (State or country)

Informant (Mother) - Mary Thomas (Address) 1522 Gorsuch Ave.

1926 C. 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 18, 1926, that I last saw her alive on May 18, 1926, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis with Uremia -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm M. Wilson M. D.

, 19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Westview Cem. DATE OF BURIAL May 21 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 10766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10766

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 N Robinson ST 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Staap

(a) RESIDENCE NO. 535 N. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? 51 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late August Staap

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr A Segelhorst

(Address) 535 N Robinson St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926 to May 18, 1926.

that I last saw h[illegible] alive on May 18, 1926

and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Arteri - Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Artigiani, M. D.

, 19 (Address) 294 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	May 21 1926
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2223 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

(Teller)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10767

E 10767

CERTIFICATE OF DEATH.

44

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1909 Kennedy Ave St., 9-5 Ward)

2-FULL NAME Mary Wells Teller

(a) RESIDENCE NO. 1909 Kennedy Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of — (or) WIFE of: Clarence M. Teller

6 DATE OF BIRTH (month, day, and year): October 13 1842

7 AGE: Years 83 | Months 6 | Days 5 | IF LESS than 1 day ..... hrs. or ..... min. _____

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): New York City

(State or country): New York

10 NAME OF FATHER: Judge Wells

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: Rhoda Bayles

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

PARENTS

14 Informant: C W Teller

(Address): 1909 Kennedy

Filed ..... 19 _____ C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

~~18~~ May 18 - 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15 1926, to May 18, 1926, that I last saw her alive on May 17, 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) _____ yrs. 1 mos. _____ ds.

18 Where was disease contracted: unknown

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. B. McElwain, M. D.

, 19 (Address) 91 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tarrytown N.Y.

Date of Burial: May 20 19 26

20 UNDERTAKER: E LeRoy Stiffler

ADDRESS: 125 North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10768 162 E 10768

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hospital ST 15-12 WARD)

2-FULL NAME Margaret Mary Young.

(a) RESIDENCE No. 1740 Friendship ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-16-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Elrige Young

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Daisy Stidder

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mother
(Address) .....

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to May 19, 1926, that I last saw her alive on May 19, 1926 and that death occurred, on the date stated above, at 3:35 P m.

The CAUSE OF DEATH* was as follows:
Hemorrhage Neonatorum

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Kent C. Hammond, M. D.

, 19 (Address) 701 Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	May 20 1926
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1417 Light St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10769

CERTIFICATE OF DEATH.

159 002

E 10769

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 424 Fawcett Ward 17-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant, Second Twin Lafferty

(a) RESIDENCE NO. 424 Fawcett St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 19, '26

7 AGE Years — Months — Days — IF LESS than 1 day 3 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

10 NAME OF FATHER Edward C. Lafferty

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Annie E. Buchman

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md

14 Informant E. C. Lafferty

(Address) 424 Fawcett St

C. HAMPSON JONES, M. D.

1926 ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1926 to May 19, 1926

that I last saw h— alive on May 19, 1926

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Dr Little

Foramen Ovale not Closed

Premature

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY —

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. L. Fagan, M. D.

, 19 (Address) 2704 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial MAY 20 1926 19

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10770 59-002

CERTIFICATE OF DEATH.

E 10770

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 Fawcett St. 12-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Girl Twin Lafferty

(a) RESIDENCE NO. 424 Fawcett St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: S

6 DATE OF BIRTH (month, day, and year): May 19, 26

7 AGE — Years | Months | Days | IF LESS than ~~1 day~~ 3 hrs. ~~or min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: C. [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: S

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Stewart C Lafferty

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah E Cushman

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Mrs. S. C. Lafferty

(Address): 424 Fawcett St

Filed MAY 19 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to May 19, 1926, that I last saw h~~e~~r alive on May 19, 1926, and that death occurred on the date stated above, at 3-~~A.~~ m.

The CAUSE OF DEATH was as follows:

Debility

Foramen Ovale not Closed

Premature

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Farr, M. D.

, 19 (Address) 2704 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial MAY 20 1926, 19

20 UNDERTAKER: Geo N Little ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10771

CERTIFICATE OF DEATH.

90 **E 10771**

1-PLACE OF DEATH

City of BALTIMORE: (No. 316 North Robinson St. 6-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma W. Zarcharda

(a) RESIDENCE NO. 314 North Robinson St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 2, 1915

7 AGE: Years 10 | Months 7 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Maryland.

10 NAME OF FATHER Charles Zarcharda

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Maida Eberdt

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore, Maryland

14 Informant Mrs. M. Zarcharda

(Address) 314 North Robinson Street

15 Filed_____ 1926 C. HAMPSON JONES, Registrar

Per_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1926, to May 18, 1926,

that I last saw h..... alive on _____, 19.....

and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH* was as follows:

Endocarditis - Chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Artigiani, M. D.

May 18 1926 (Address) 2942 East Fayette Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: May 20 1926

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 N Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

10772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 10772

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5109 Resterstown Rd. ST.) 27-2 (WARD)

2-FULL NAME John Thomas Hennelley

(a) RESIDENCE NO. 5109 Resterstown Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Hennelley

7 DATE OF BIRTH (month, day, and year) Sept 6 - 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	12	

8 OCCUPATION OF DECEASED Retired watchman

(a) Trade, profession or particular kind of work for Con. Gas, Elec. Light & Power Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. County Md.
(State or country)

10 NAME OF FATHER Richard Hennelley

11 BIRTHPLACE OF FATHER (city or town) Ireland.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret -

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Mrs. Sarah E. Hennelley

(Address) 5109 Resterstown Rd.

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from far abaent 6 yrs 19

that I last saw h~~im~~ alive on 5-18- 1926

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis interstitial ve-
sicles Complicated & united
Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Port Deposit

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Henry Reckell M. D.

5-18 1926 (Address) 3902 Groveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem DATE OF BURIAL May 21st 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10773

CERTIFICATE OF DEATH.

185E 10773

1-PLACE OF DEATH St Joseph Hospital

REGISTERED NO. 6-3

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Freda Ripple

(a) RESIDENCE NO. 8 N. Lakewood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 46 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Ripple

DATE OF BIRTH (month, day, and year): Feb 9 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	-	8	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Sebastian Myer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germ

12 MAIDEN NAME OF MOTHER: Dorothea Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germ

Informant: John C. Ripple

(Address) 8 N. Lakewood Ave

Filed MAY 20 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to May 18, 1926, that I last saw h[illegible] alive on May 18, 1926, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

See other Side

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Fract Femur

(duration) ..... yrs. ..... mos. 5a ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-Ray & Clinical

(Signed) J. Joseph Lowery, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 21 1926
20 UNDERTAKER	ADDRESS
Jos. J. Kerr	156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10774 | CERTIFICATE OF DEATH. | 31 E 10774

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Colvin St. ST., 5-1 WARD)

2-FULL NAME Mattie D. Boone

(a) RESIDENCE NO. 137 Colvin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 19-1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	3	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Cassell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susie Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mattie Taylor

(Address): 165 Colvin St.

MAY 20 1926

C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19 1925 to May 17 1926.

that I last saw h[illegible] alive on May 17 1926,

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Cobert J. Green, M. D.

5-17, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: May 20 1926

UNDERTAKER: Chas. H. Dolman

ADDRESS: 416 N. Carolina St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10775

CERTIFICATE OF DEATH.

154 E 10775

5-2 REGISTERED NO.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minerva Purviance

(a) RESIDENCE NO. 576 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): wid.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

DATE OF BIRTH (month, day, and year) (?)

AGE: 65 (?) Years | Months | Days | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stonework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Young Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Baltimore City Hospitals Records

(Address)

Filed 2 0 1926 19 C. HAMPSON JONES, M. D. Registrar

By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to May 18, 1926, that I last saw her alive on May 18, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Decubitus Ulcers

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

5/19/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakey Cemetery

DATE OF BURIAL: May 21 1926

20 UNDERTAKER: Chas. H. Johnson

ADDRESS: 716 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10776

CERTIFICATE OF DEATH.

1130

E 10776
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 W. Mosher St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter C. Brown

(a) RESIDENCE NO. 710 W. Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 19 25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

10 NAME OF FATHER Walter Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Bernice Russell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) 710 Mosher St.

14 Informant Walter Campbell

(Address) 710 N. Mosher St.

Filed ..... 19 ..... A.....

20 1926 Registrar R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uro - cathis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) No history of any other disease

(duration) yrs. mos. ds.

(Signed) J. T. Heaney M. D.
(Coroner)

5/19, 1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — Date of Burial May 20, 1926

20 UNDERTAKER Mrs. Kate R. Williams — ADDRESS 322 N. Schroeder St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10777 101-09 E 10777

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Cargyle Ave. ST. 17-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Tyler

(a) RESIDENCE. No. 918 Argyle Ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George Tyler

DATE OF BIRTH (month, day, and year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	61			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Isaac Bivans

(Address) 918 Argyle Ave

Filed ..... 19 ..... Registrar

0 1926 C. HAMPSON JONES, M. D. R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-18-1926

17 I HEREBY CERTIFY, That I attended deceased from May-2 1926, to May 18 1926, that I last saw h.. alive on May 18 1926, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

19 (Address) 1063 Argyle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	May 21, 1926
20 UNDERTAKER	ADDRESS 322
Mrs Katie R. Williams	N. Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10778

CERTIFICATE OF DEATH.

46

E 10778

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 614 N. Arlington Ave. St.; 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Poulton

(a) RESIDENCE NO. 614 Arlington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert A. Poulton

6 DATE OF BIRTH (month, day, and year): Feb 19-1838

7 AGE — Years: 87. Months: 4 Days: 30. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Georgetown

(State or country): D. C.

10 NAME OF FATHER: Wm Ldenhaer

11 BIRTHPLACE OF FATHER (city or town): Mckeary

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Steiner

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

PARENTS

14 Informant: Mrs Carrie Davis

(Address): 614 N. Arlington Ave

Filed ..... 19..... HAMPSON JONES, M. D. Registrar

2 0 1926 Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1924, to May 17th 1926, that I last saw her alive on May 17th, 1926, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix uteri

(duration) 1 yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Poulton M. D.

(Address) 3909 Gamewell Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: May 20 1926

20 UNDERTAKER: W. J. Mchenry Sons — ADDRESS: Baltimore

pec.—1-12-23—M&T—500 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10779

CERTIFICATE OF DEATH.

E 10779

1-PLACE OF DEATH Bon Secours Hospital 4 90 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Edward G. Flynn

(a) RESIDENCE No. 1949 Mosher St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Helen E. Flynn

DATE OF BIRTH (month, day, and year) Feb. 22-1890

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deputy Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Circuit Court 609

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER John J. Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Tighe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Helen E. Flynn

(Address) 1949 N. Mosher St.

Filed 20 1926 C. HAMPSON JONES, M. D.

Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 18, 1926

that I last saw him alive on May 18, 1926

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Dis of Heart mitral Stenosis

(duration) ? 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo D. Lipsey, M. D.

5/19, 1926 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/22, 1926

UNDERTAKER Chas. H. Grave & Son

ADDRESS 1800 Mont Royal ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10780 E 10780

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5303 Garrison Av ST. 28-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Samuel Montanye

(a) RESIDENCE No. 5303 Garrison Av ST., 28 WARD Resident.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 63 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian M. Montanye

DATE OF BIRTH (month, day, and year): About 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Towanda Penna

10 NAME OF FATHER: Saml. Montanye

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scranton Penna

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scranton Penna

Informant: Mr. C. M. Montanye - (Son)

(Address) 5303 Garrison Av. city

Filed 1926, 19 C. HAMPSON JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to May 18, 1926.

that I last saw him alive on May 17, 1926,

and that death occurred, on the date stated above, at 7.20 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

about 1 yr

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

about 1 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S. Tibbett, M. D.

May 18, 1926 (Address) 2220 Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: May 20, 26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10781

CERTIFICATE OF DEATH.

124 E 10781

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST., WARD

2-FULL NAME John B. Keplinger

(a) RESIDENCE NO. 4200 Harford Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wilcox Keplinger

DATE OF BIRTH (month, day, and year) Dec 19 - 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65	4	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER John H. Keplinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lucy Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mary Wilcox Keplinger

(Address) 4200 Harford Terrace

Filed 2 0 1926 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1926 to May 18, 1926, that I last saw him alive on May 18, 1926, and that death occurred, on the date stated above, at 820 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) H. C. Smith, M. D.

5/18, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL May 21 1926

20 UNDERTAKER Robt G Turner Sons

ADDRESS 1617 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 10782 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 118-002 E 10782

1-PLACE OF DEATH Univ. Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fountain & Grace ST. 4-1 WARD)

2-FULL NAME Gorman McCullough

(a) RESIDENCE NO. Cockeysville Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Grace L McCullough

DATE OF BIRTH (month, day, and year) May 7-1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20		11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER Benton McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

Informant Mrs Grace L McCullough

(Address) Warren Balto Co Md

Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

20 1926 per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to May 18, 1926, that I last saw him alive on May 18, 1926, and that death occurred, on the date stated above, at 6 30 pm.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
Ileus, Toxemia
Cardiac failure

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of May 16, 1926

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Thomas J Corcoran M. D.

, 19 (Address) Univ Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Poplar Church Balto Co	May 21, 1926
20 UNDERTAKER	ADDRESS
W C Brooks	Sparks Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10783

CERTIFICATE OF DEATH.

E 10783

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3525 Roland Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie Mae Brittingham

(a) RESIDENCE NO. 3525 Roland Ave St. 13 Ward Philippi, W. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry H. Brittingham

6 DATE OF BIRTH (month, day, and year): Jan. 24-1889

7 AGE: Years 37 | Months 3 | Days 25 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Philippi

(State or country): W. Virginia

10 NAME OF FATHER: J. N. Honaker

11 BIRTHPLACE OF FATHER (city or town):

(State or country): W. Virginia

12 MAIDEN NAME OF MOTHER: Sarah A. —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): W. Virginia

14 Informant: Harry H. Brittingham

(Address) Philippi W. Va.

15 Filed ..... 19 ..... C. THOMPSON JONES, M. D. Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19- 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18 1926 to May 19 1926, that I last saw h.e. alive on 6 P.M. May 19 1926, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured brain abscess.

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Streptococcus

(duration) ....yrs. 3 mos. 7 ds.

18 Where was disease contracted if not at place of death? Philippi W. Va.

Did an operation precede death? No Date of

Was there an autopsy? Refused

What test confirmed diagnosis? Bacteria blood culture

(Signed) R. Y. Fechtig, M. D.

, 19 (Address) 1904 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philippi W. Va. Date of Burial: May 20 1926

20 UNDERTAKER: Horace F. Burgee ADDRESS 303 Falls Road

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10784 | CERTIFICATE OF DEATH. | E 10784

11-60

REGISTERED NO. 213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4757 Reisterstown Rd. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isidel Blum

(a) RESIDENCE. NO. 4757 Reisterstown St. Rd. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
102	—	— ✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Levin

(Address) 1439 E Baltimore

Filed MAY 20 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17th, 1926, to May 19th, 1926, that I last saw h in alive on May 19, 1926, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (Influenzal.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. A. McCulloch, M. D.

May 20, 1926 (Address) 2230 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	5/21 1926
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10785

REGISTERED NO. E 10785

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3735 Rosseau St. (Ward) 20th | 101-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Edward Selby

(a) RESIDENCE NO. 3735 Rosseau St. Ward 20th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 5th 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	34	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem.

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town): Baltimore.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Selby

11 BIRTHPLACE OF FATHER (city or town): Baltimore.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Lear

13 BIRTHPLACE OF MOTHER (city or town): Baltimore.

(State or country): Md.

14 Informant: Annie Selby

(Address) 3735 Rosseau St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

20 1926 By ..... R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17th 1926

17

I HEREBY CERTIFY, That I attended deceased from 5/9, 1926, to 5/17, 1926, that I last saw h.. alive on 5/17, 1926, and that death occurred, on the date stated above, at 10—0 m.

The CAUSE OF DEATH* was as follows: Left Central Lobar Pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 3735 Rosseau St.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Smear

(Signed) D. Palagano, M. D.

, 19 (Address) 33 West Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial May 19th 1926

20 UNDERTAKER: H. B. Wilspire ADDRESS 650 W. Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10786

CERTIFICATE OF DEATH.

74-081

E 10786

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Flanigan.

(a) RESIDENCE NO. 1328 W. Baltimore St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXXX Emma Flanigan.

6 DATE OF BIRTH (month, day, and year) April 29, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer: Industrial Alcohol Co.

9 BIRTHPLACE (city or town)_____

(State or country) Washington, D.C.

10 NAME OF FATHER Patrick P. Flanigan.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary McLaughlin.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ireland.

14 Informant Charles N. Wagner. (stepson)

(Address) 108 Scott St.

15 Filed JUN 20 1926 C. HAMPSON JONES M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

5/19/26. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Curtis Bay. May 18, 1926.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial 6/21 1926

20 UNDERTAKER Thos. F. Corcoran

ADDRESS For T. F. Corcoran 901 Hollins Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 10787

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. Charles ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) —

2-FULL NAME Charles Frosburg

(a) RESIDENCE NO. 822 S Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ~~4 mos.~~ 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Frosburg

DATE OF BIRTH (month, day, and year) June 27-1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Holland (State or country)

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Holland (State or country)

Informant Lydia Ernest

(Address) 822 S Charles St

Filed 0 1926, 19 C. HAMPSON JONES, M. D.

Per R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 19, 1926

that I last saw him alive on May 19, 1926,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wm Hammer Fiske M. D.

May 19, 1926 (Address) 1708 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL May 22 1926

20 UNDERTAKER John Merrick

ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Blks.

E 10788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10788

CERTIFICATE OF DEATH.

129 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST.) (15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Ziegler

(a) RESIDENCE No. 4202 Pimlico Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Ziegler

DATE OF BIRTH (month, day, and year) May 29, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 yrs.	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna.

10 NAME OF FATHER John Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Emily Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

Informant Ursula Maroney

(Address) 4203 Pimlico Road

Filed 2 0 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RSK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1925, to May 19, 1926.

that I last saw her alive on May 19, 1926.

and that death occurred, on the date stated above, at 10 Hrs. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Chr Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Clautice M. D.

(Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 5/22 1926

20 UNDERTAKER Edw. Leach & Son

ADDRESS Mt. Royal & Guilford

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10789

CERTIFICATE OF DEATH.

+13

E 10789

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 16 WARD)

2-FULL NAME Miss Eva Gertrude Hill

(a) RESIDENCE NO. Crisfield, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 18, 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Marion (State or country) Md

10 NAME OF FATHER Edward Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sadie Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Elizabeth Laird

(Address) Buffalo, N. Y.

Filed 5 20 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 19, 1926, that I last saw h[illegible] alive on May 19, 1926, and that death occurred, on the date stated above, at 4:40 A m.

The CAUSE OF DEATH* was as follows:

Extrophy of Bladder

Hydronephrosis

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 14, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chemistry.

(Signed) Hubert S. Porterfield, M. D.

5/19, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Crisfield Md	5/20 1926
20 UNDERTAKER	ADDRESS
Ulman Lerch & Son	E. Main

Spec.—1-10-21—M&T—1500 Blks.

E 10790 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 10790

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md. Gen'l Hosp.

CITY OF BALTIMORE: (No.) ST., 13-6 WARD)

2-FULL NAME Mrs. Dora Bozman

(a) RESIDENCE No. 2012 Bolton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James D. Bozman

6 DATE OF BIRTH (month, day, and year) July 20, 1886

7 AGE: 39 Years | Months 10 | Days 0 ✓ | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sommerset Co. Md.

10 NAME OF FATHER: Howard E. White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sommerset Co. Md.

12 MAIDEN NAME OF MOTHER: Agusta Shores

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sommerset Co Md.

14 Informant: James D. Bozman and Daughter

(Address): 2012 Bolton St

15 Filed 20 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/19/26, 19, to 5/20/26.

that I last saw h alive on 5/20/26, 19

and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

P (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dear Island — DATE OF BURIAL: 5/20 1926

UNDERTAKER: Ellen Cook — ADDRESS: 502 E. Lee

Spec.—1-10-21—M&T—1500 Bks.

E 10791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002

E 10791

REGISTERED NO.....

1-PLACE OF DEATH St Joseph's Hosp. tal.

CITY OF BALTIMORE: (No. Oliver & Caroline ST., 9-7 WARD)

• (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Viola. Reynolds

(a) RESIDENCE NO. Raspburg. md. ST., WARD BALTIMORE CO., MD
(Usual place of abode) THILAD. RD & GOLDEN RING AVE
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Reynolds

DATE OF BIRTH (month, day, and year) Oct. 19. 1887

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	37	7	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House keeper 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Rahway, N.J.
(State or country)

10 NAME OF FATHER James. Moulton.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bristol. England.

12 MAIDEN NAME OF MOTHER Cecelia A. Fisher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) new. York State

Informant Mrs. E. H. Brott

(Address) 958 Williams. St. Elizabeth. N.J.

Filed ..... 19 C. HAMPSON JONES, M.D.
• Registrar

26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 20, 1926.

that I last saw her alive on May 20, 1926,

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Lateral Sinus Thrombosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Otitis Media

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? —— Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) B. M. Rhodes, M. D.

5/25. 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elizabeth N.J. DATE OF BURIAL 5/21 1926

20 UNDERTAKER Elmer Leon & Son ADDRESS 50 W. Lexington

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. Baltimore ave St., 2538 Ward) Masonville 8 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Akehurst

(a) Residence No. Baltimore ave St., ... Ward .....
(Usual place of abode) 50
(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Akehurst

7-DATE OF BIRTH (month, day and year) Mar. 22-1864

8-AGE, 62 yrs. 1 mos. 24 ds. 25 If LESS than 1 day, ...hrs. or ....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer .....

BIRTHPLACE (city or town) (State or Country), Balto. Co. Md

10-NAME OF FATHER, John Akehurst

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

(Informant) George T. Akehurst

(Address) Masonville, Balto. Md

MAY 20 1926 HAMPSON JONES, M.D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 17/26

17-, I HEREBY CERTIFY, That I attended deceased from Apr ....., 19 26, to May 17, 19 26,

that I last saw h[illegible] alive on May 16, 19 26,

and that death occurred, on the date stated above, at 1, a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas H. Brooke, M. D

1926 (Address) Brooklandville Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt. Olivet Cemetery	May 20, 1926
20-UNDERTAKER, George L. Schwab	ADDRESS 2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Blks.

Selph

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10793

100-001

E 10793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital 19-2 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur Selph Jr

(a) RESIDENCE NO. 1831 W McHenry ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Apr. 3 - 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
		1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — gbd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER Wilbur Selph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Agnes Crandall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Wilbur O. Selph

(Address) 1831 McHenry St.

Filed ... 19 ... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8 .1926. to May 19 .1926.

that I last saw him alive on May 19 .1926.

and that death occurred, on the date stated above, at 12:35 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ... yrs. ... mos 12 ds.

CONTRIBUTORY (Secondary) O

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clewell Howell, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	May 20 1926
20 UNDERTAKER	ADDRESS
George L. Schwab	2201 Eutaw Ave

MAY 20 1926 C. HARRISON JONES, M. D. R. K. Registrar

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10794 46 E 10794

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary E Baker

(a) RESIDENCE No. The Cecil Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 18. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager / Gift Shop.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Mr. Charles E. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Whiteley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Union Memorial Hospital (Address)

Filed 20 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17

I HEREBY CERTIFY, That I attended deceased from May 7. 1926. to May 19. 1926.

that I last saw her alive on May 19. 1926.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the ovaries

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Ascites + Pleural effusion.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Balt.

Did an operation precede death? Yes Date of 5/13/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond L. Johnston M. D.

. 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: May 21 1926

20 UNDERTAKER: Henry W. Jenkins Sons Co

ADDRESS: Orchard nr Cullen

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10795

CERTIFICATE OF DEATH.

100-001

E 10795

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Carrollton Ave ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Hammen

(a) RESIDENCE NO. 22 S. Carrollton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of ~~(or) Wife of~~ Jennie Broquier Hammen

6 DATE OF BIRTH (month, day, and year) June 27, 1861

7 AGE

Years	Months	Days	If LESS than 1 day, — hrs. or — min.
64	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: tinner

(b) General nature of industry, business, or establishment in which employed (or employer): tinner

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER Michael Hammen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs. Jennie B. Hammen

(Address) 22 S. Carrollton Ave.

15 Filed MAY 20 1926

C. HAMPSON JONES, M. D. Registrar

Per R R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 19, 1926, that I last saw him alive on May 18, 1926, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? physical examination

(Signed) Henry E. Okle, M. D.

5-19-1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: May 22 1926

20 UNDERTAKER: John Fields

ADDRESS: 1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

Wilson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10796

CERTIFICATE OF DEATH

44 E 10796

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Dunbar Sq. Hospital

CITY OF BALTIMORE: (No. ..... ST., 19-1 WARD)

2-FULL NAME Agnes Wilson

(a) RESIDENCE NO. 15 S Shricker ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen Wilson

6 DATE OF BIRTH (month, day, and year): June 20-1865

7 AGE — Years: 60 — Months: 11 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Michael Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Webb

(Address): 15 S Shricker

15 Filed ..... 19 ..... Registrar

Y20 1926 W. THOMPSON JOHNS, M. D. RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/19 19 26.

17 I HEREBY CERTIFY, That I attended deceased from 5/18, 19 26, to 5/19, 19 26

that I last saw h[illegible] alive on 5/19, 19 26,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

2 .....

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) ..... yrs 10 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Chemical Exam

What test confirmed diagnosis? .....

(Signed) Wm Gentzler, M. D.

5/19, 19 26 (Address) Dunbar Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters

DATE OF BURIAL: May 22 1926

20 UNDERTAKER: John J Fulda

ADDRESS: 1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 10797 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-201 E 10797

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 W. Lexington ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Reid

(a) RESIDENCE NO. 1040 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Lula Kelley

(Address) 219 Rock Street

Filed 5-20 1926. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17/1926

17 I HEREBY CERTIFY, That I attended deceased from 5/15/1926 to 5/17/1926

that I last saw him alive on 5/15/1926,

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral - hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H H Weinberger, M. D.

5/18/1926 (Address) 729 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: 5/20 1926

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 139 W. Lanvale St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10798

74-001

E 10798

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 Harvey St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Williams.

(a) RESIDENCE NO. 621 Harvey St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, ~~XXXXXXXXXXXX~~d HUSBAND of ~~XXXXXXXX~~ Mary T. Williams.

6 DATE OF BIRTH (month, day, and year) July 21, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	9	26	✓

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter.

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Alexander Willia

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eleanore Langley.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

PARENTS

14 Informant William R. Williams. (son)

(Address) 1415 Bett st.

15 Filed _____ 19____ C. HUMPSON JONES, M. D. Registrar

20 1926 PK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

5/19/26 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial 5/20/1926

20 UNDERTAKER D D Fahey Sons ADDRESS 1318 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10799 CERTIFICATE OF DEATH. 159-002 E 10799

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2310 Hunter St St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby West

(a) RESIDENCE NO. 2310 Hunter St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 17 1926

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER Winston Burrell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER Annie Best

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ga

PARENTS

14 Informant

(Address)

15 Filed 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 18, 1926, that I last saw her alive on May 18, 1926, and that death occurred, on the date stated above, at 8:00 p.m.

The CAUSE OF DEATH* was as follows: Premature Birth and Asphyxia Condition of Mother (Blue Baby)

(duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Premature birth Blue Baby (duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address) 426 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER Address

(Commissioner of Health)

MAY 20 1926

OK

...e.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10800

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

REGISTERED NO. E 10800

CITY OF BALTIMORE: (No. 401 Presstman ST., 14-1 WARD)

(If occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Wilson

(a) RESIDENCE No. 401 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Fannie A Wilson

DATE OF BIRTH (month, day, and year) Dec 23rd 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	24 14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook) Or

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Caswell Hotel

BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

10 NAME OF FATHER Wm W. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md

12 MAIDEN NAME OF MOTHER Mary E. Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md

Informant Thomas Wilson

(Address) 1500 Pennsa ave

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th 1926

17

I HEREBY CERTIFY, That I attended deceased from January 7th, 1926, to May 17th, 1926, that I last saw him alive on May 16th, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic ulcer of foot

Gastritis and Colitis

(duration) 1 yrs. 4 mos 6 ds.

CONTRIBUTORY (Secondary) Malnutrition and Senility

as Above (duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. B. Glascock, M. D.

, 19 (Address) 1802 Pennsa ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5/20/26
20 UNDERTAKER	ADDRESS
Mrs. George E. Holland	1631 Druid Hill Ave

Spec.—1-10-21 M&T 1500 Blks.

10801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10801

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 16-6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cowan

(a) RESIDENCE NO. 1224 N. Stricker st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Missouri

10 NAME OF FATHER Robert Cowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Missouri

12 MAIDEN NAME OF MOTHER Fannie Whitehead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri

Informant Hospital Records

(Address)

Filed 5-20-1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1925, to May 18, 1926,

that I last saw him alive on May 18, 1926,

and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of genito-urinary tract (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. McClure Jr, M. D.

5-19-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL May 20 26

20 UNDERTAKER Sam'l W. Brase Sons — ADDRESS 400 Mosher

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10802

CERTIFICATE OF DEATH.

74-001

E 10802

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No.) 770 W. Cross ST. 21-2 WARD)

2-FULL NAME Edward Lentz

(a) RESIDENCE NO 770 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Katie B. Lentz

ATE OF BIRTH (month, day, and year) ?

GE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	70			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) Baltimore
State or country) Md.

NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (city or town)
(State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

Informant James C. Lentz (Son)
Address) 770 W. Cross St.

19226 192 C. HAMPSON JONES, M. D.
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arterial Sclerosis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Samuel H. Fisher, M. D.
(Coroner.)
, 192 (Address) 823 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 21 1926

UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10803

129

E 10803

CERTIFICATE OF DEATH.

E 10803
1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 44 E. Henrietta St. 22-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Catherine Stone

(a) RESIDENCE NO. 44 E. Henrietta ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced, HUSBAND of (or) WIFE of John P. Stone 1850

DATE OF BIRTH (month, day, and year) Sept. 30, 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER James H. Forrest

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Mary A. Busch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant John P. Stone
(Address) 44 E. Henrietta St.

FILED 2 0 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926, to May 18, 1926,
that I last saw her alive on May 18, 1926,
and that death occurred, on the date stated above, at 3.10 p. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic bronchitis - chronic Int. nephritis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys

(Signed) Wm. Ebstein, M. D.

5/19, 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL May 21 1926

20 UNDERTAKER John F. Deany — ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

E 10804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10804
REGISTERED NO.

1-PLACE OF DEATH American Sugar Refining Co.

City of BALTIMORE: (No. Foot of Woodall St. St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Pawlak.

(a) RESIDENCE NO. 1626 Lancaster St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, ~~WIFE~~ HUSBAND of ~~WIFE~~ Michaline Pawlak.

6 DATE OF BIRTH (month, day, and year) June 28, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	9 10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Sugar Ref.Co.

9 BIRTHPLACE (city or town)

(State or country) Poland.

PARENTS

10 NAME OF FATHER Wojciech Pawlak.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Katherine.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Michaline Pawlak. (wife)

(Address) 1626 Lancaster St.

MAY 19 1926 C. HAMPSON JONES, M. D.

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May, 19, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto K. Reinhardt M. D.
(Coroner)

5/19/26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial May 22 1926.

20 UNDERTAKER M. Sadowski ADDRESS 1705 Thames

Anna or Lena Beding

Spec.—1-10-21—M&T—1500 Blks.

E 10805 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 10805

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna or Lena Beding

(a) RESIDENCE NO. 1850 W. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Beding

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	- - - -	- - - -	1

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Joseph Beding

(Address) 1850 W. Pratt St

Filed 20 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-8 , 1926 , to 5-18 , 1926 ,

that I last saw her alive on 5-18 , 1926 ,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Puerperal gestation.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 15-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edmund J. Mc Hugh, M. D.

, 19 (Address) 704 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL May 19 1926

20 UNDERTAKER Harry H. Weitz & Co ADDRESS 1512 Lanvale St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10806

CERTIFICATE OF DEATH.

113 E 10806

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1422 Argyle St. 14-1 Ward)

2-FULL NAME Jennie A. Chesson

(a) RESIDENCE NO. 1422 Argyle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 10-1925

7 AGE: Years 10 Months 9 Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country)

10 NAME OF FATHER: Wm. Chesson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) N. C.

12 MAIDEN NAME OF MOTHER: Myrtle Wallace

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

PARENTS

14 Informant: Myrtle Chesson

(Address) 1422 Argyle Ave

1926 C. HAMPSON JONES, M. D.

Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.

thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteric colitis

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) acute bronchitis

(duration) .....yrs. .....mos. 6 ds.

(Signed) J. T. Thomas M. D.

(Coroner)

5/20 1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 5-20-26

20 UNDERTAKER: John H. Fradin — ADDRESS 1027 Hanover

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10807 E 10807

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., 1725 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barclay Frye

(a) RESIDENCE NO. 1819 Barclay st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

DATE OF BIRTH (month, day, and year) 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pharmacist

(b) General nature of Industry, business, or establishment in which employed (or employer) 025

(c) Name of employer

BIRTHPLACE (city or town) Norfolk (State or country) Virginia

10 NAME OF FATHER Solomon Frye

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eilene Frye

13 BIRTHPLACE OF MOTHER (city or town) Norfolk (State or country) Virginia

Informant Hospital records (Address)

MAY 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 20, 1926,

that I last saw him alive on May 20, 1926,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane Jr M. D.

May 20, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va DATE OF BURIAL MAY 20 1926

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10808

CERTIFICATE OF DEATH.

90 E 10808

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

2-FULL NAME Miss Sarah Jacqueline Davison

(a) RESIDENCE NO. Church Home & Infirmary Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ✓ mos. ds. ✓ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 17 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	96	8	8 / 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer

9 BIRTHPLACE (city or town) Harrisonburg

(State or country) Va

PARENTS

10 NAME OF FATHER John S. Davison

11 BIRTHPLACE OF FATHER (city or town) ✓

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary E. Hite

13 BIRTHPLACE OF MOTHER (city or town) ✓

(State or country) Va

14 Informant Alexander Davison

(Address) 1632 Jefferson St.

15 Filed May 20 1926 16 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1925 to May 19, 1926, that I last saw her alive on May 19, 1926, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter S Eagle, M. D.

May 19 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (3) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester Va — Date of Burial May 21 1926

20 UNDERTAKER Hughes & Jones dec — ADDRESS 424 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10809

CERTIFICATE OF DEATH.

129 E 10809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 E. Biddle St. 10-W Ward)

2-FULL NAME Alice F. Keenan

(a) RESIDENCE NO. 705 E Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 2 mos. 17 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 2nd 1891

7 AGE — Years: 35 | Months: 2 | Days: 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 609

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Paul Keenan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann McGowan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

PARENTS

14 Informant: Mary Keenan

(Address): 705 E Biddle

Filed: 1926 C. HAMPSON JONES, M. D. Registrar

Per: ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19th 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 10th, 1926, to May 18th, 1926, that I last saw her alive on May 18th, 1926, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H B Saunders, M. D.

, 19 (Address) 719 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Harford Road

Date of Burial: May 22 1926

20 UNDERTAKER: Jos Joerdens + Son

ADDRESS: 217 S. Paca

Spec—1-10-21—M&T—1500 Bks.

1926 E 10810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 10810

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 2-N WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Topalinski

(a) RESIDENCE NO. 507 S. Bond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 12 - 1919

7 AGE: Years 6 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): Schoolgirl.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Stephen Topalinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Katherine Glodek

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from April 8th, 1926, to May 19th, 1926, that I last saw her alive on May 19th, 1926, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 4-20-26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Jacobson, M. D.

May 20 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	May 21 1926
20 UNDERTAKER	**ADDRESS**
Jacob Fiellkowski	428 S. Bond

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10811

CERTIFICATE OF DEATH.

129 E 10811

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3024 Barclay St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Eckenrode

(a) RESIDENCE NO. 3024 Barclay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Eckenrode

6 DATE OF BIRTH (month, day, and year): Jan. 29-1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): C & P Phone Co.

(c) Name of employer: 040

9 BIRTHPLACE (city or town)

(State or country): Penn

PARENTS

10 NAME OF FATHER: Joseph Eckenrode

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Penn

12 MAIDEN NAME OF MOTHER: Rebecca Wise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Penn

14 Informant: Mary Eckenrode

(Address): 3024 Barclay St

15 Filed 1926 C. HAMPSON JONES, Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/26 19

17 I HEREBY CERTIFY, That I attended deceased from 8/1/ 19 25, to 5/18/ 19 26,

that I last saw h... alive on 5/17/26, 19...,

and that death occurred, on the date stated above, at 1230A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chr Dgt nephr.

(duration) 1 mo yrs. mos. ds.

CONTRIBUTORY —

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard J. Tenny, M. D.

5/19 1926 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Bom Date of Burial 5/21/ 1926

20 UNDERTAKER: J. G. Moran ADDRESS 300 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

(Merrick D. Willis)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10812

E 10812

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH Herndon White Maternity Hospital

CITY OF BALTIMORE, No. Balto Co (Merrick) ST. 35 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merrick D. Willis

(Residence in Baltimore: No. 1202 Whitelock St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. 5, (Month) (Day) 1879 (Year)

7-AGE, 47 yrs. 1 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mississippi

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Mississippi

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Mississippi

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursey L. Willis

(Address) 1202 Whitelock St.

Filed C. HAMPSON JONES, M. D. Registrar.

1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH 5-20-, (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18- 1926 to May 20 1926, that I saw h alive on 5-20- 1926, and that death occurred, on the date stated above, at 3:28A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 2 ds.

(Signed) M. D.

5/20, 1926 (Address) 618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1202 Whitelock

19-PLACE OF BURIAL OR REMOVAL, Mt Lion. DATE OF BURIAL, May 24, 1926

20-UNDERTAKER Virginia A. Brooks ADDRESS 1463 Carey

ec.—1-12-23—M&T—500 Bks.

E 10813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10813

CERTIFICATE OF DEATH.

+ 101-001

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. Bridesburg Ave & Gallows St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Moore

(a) RESIDENCE NO. Sparrows Pt. ST. Industrial Camp WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col.	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Annie Moore

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt	45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Bethlehem Steel Co

(Address) Sparrows Pt Md

1926 FILED C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/26

17

I HEREBY CERTIFY, That I attended deceased from 5/11/26, to 5/15/26, 19

that I last saw him alive on 5/15/26, 19

and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Thomas M. D.

19 (Address) 1012 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vaughan M. C. via Annex Ry Express

DATE OF BURIAL May 20 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 10814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10814

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 17-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Buchman

(a) RESIDENCE NO. 120 W. 25th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna Buchman

DATE OF BIRTH (month, day, and year) — —1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer: United Railways

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Fred Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Alice Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs C. Whitehall

(Address) 1529 E Clement St

1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to May 19, 1926.

that I last saw him alive on April 19, 1926,

and that death occurred, on the date stated above, at 1:05 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (3B)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Clinical

What test confirmed diagnosis?

(Signed) Clement F. Monroe, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: 5/21/26

20 UNDERTAKER: F. F. Tabler Sons

ADDRESS: 1215 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10815

CERTIFICATE OF DEATH.

E 10815

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (WARD) 12-3

2-FULL NAME Mrs. Lizzy Hardesty,

(a) RESIDENCE NO. 2819 N. Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE: Years 65; Months; Days; If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER Romulus G. Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know

Informant: Thos G. Hardesty

(Address) 2819 N Calvert St

Filed 6 1 1926 G. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19th 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 19th, 1926, to May 19th, 1926.

that I last saw her alive on May 19th, 1926,

and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Metastasis to Liver.

Acute Cholecystitis & Cholelithiasis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 5/12/26.

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) B. Merle Rhoden, M. D.

5/19 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 5/21 1926

20 UNDERTAKER: Henry W. Mears — ADDRESS: 2005 N. Calvert

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10816 × 46 E 10816

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Infirmary St. 6 Ward)

2-FULL NAME Annie May Peters

(a) RESIDENCE NO. York Pa. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Edward Peters

6 DATE OF BIRTH (month, day, and year) Apr. 6. 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) York Pa.

PARENTS

10 NAME OF FATHER Jacob Wallick

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Wallick

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant (Address) Church Home of Infirmary Records

15 Filed MAY 21 1926 H. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 May 20. 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 20, 1926, that I last saw h.. alive on May 20, 1926, and that death occurred, on the date stated above, at 11 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelitis Bilateral: Uræmia

Pneumonia Bronchial (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of May 11 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) Harry V. P. Wilson M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa — Date of Burial 5/21 1926

20 UNDERTAKER Wm Cook — ADDRESS 402 E North Ave

Spec.—1-10-21 M&T 1500 Bks.

E 10817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10817

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST.) BALTIMORE CITY HOSPITALS 17-3 (WARD)

2-FULL NAME Isaac Dare

(a) RESIDENCE NO. 732 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Dare

6b DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years: 50yr; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: James Dare

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Minnie Dare

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Baltimore City Hospitals Records

(Address)

Filed MAY 21 1926 19 C. HAMPSON JONES, M. D. Registrar

Per DK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 18, 1926, that I last saw him alive on May 18, 1926, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency (History)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Hypertrophy Insuff.

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Keller, M. D.

5/19/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: May 21 1926

20 UNDERTAKER: Wm V Carton — ADDRESS: 916 Eutaw St

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10818

CERTIFICATE OF DEATH.

3/ E 10818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (14-1) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Morris

(a) RESIDENCE No. 2122 Brunt st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years 23; Months; Days; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Daniel Waddy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Esther Haney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Hospital Records

(Address)

Filed MAY 21 1926 HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to May 18, 1926, that I last saw her alive on May 18, 1926, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. McLane Jr, M. D.

May 19, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: May 21 1926

UNDERTAKER: Daniel Carbon

ADDRESS: 2316 Baltimore

Spec.—1-26-26—M&T—1500 Blks.

1926

E 10819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10819

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Smith

(a) RESIDENCE NO. 1608 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND) of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 6/1925

AGE — Years: — Months: 5 — Days: 12. 13 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Edward Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Pearl Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant: Records — JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ..... 1926 by ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 19, 1926, that I last saw h.. alive on May 19, 1926, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute Jejuno-intestinal

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: May 20 1926

20 UNDERTAKER: Daniel Easton

ADDRESS 94 Cane

Spec.—1-10-21—M&T—1500 Bks.

E 10820 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10820

CERTIFICATE OF DEATH.

38

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 14-1 WARD)

2-FULL NAME Baby Hermond Hernachi Robinson

(a) RESIDENCE NO. 1828 Penna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15/925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (City or town) Balto Co
(State or country)

10 NAME OF FATHER Harry Robinson

11 BIRTHPLACE OF FATHER (city or town) S. Car.
(State or country)

12 MAIDEN NAME OF MOTHER Sula Garrett

13 BIRTHPLACE OF MOTHER (city or town) S Car
(State or country)

PARENTS

14 Informant Records Johns Hopkins Hosp
(Address)

MAY 21 1926 THOMPSON-JONES CO. Registrar

Filed ..... By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-18-26 19

17 I HEREBY CERTIFY, That I attended deceased from April 22nd, 1926, to May 17th, 1926, that I last saw him alive on May 17th, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Alexander J Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	May 20/26
20 UNDERTAKER Daniel Easton	ADDRESS 916 Ca ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10821

CERTIFICATE OF DEATH.

129

E 10821

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 Mt Royal Av St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Wilson

(a) Residence No. 1612 Mt Royal St., — Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of S. Hans Wilson

7-DATE OF BIRTH (month, day and year) May 5 1837

8-AGE, 89 yrs. ~~11 mos.~~ 15 ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town)..... (State or Country), Md

PARENTS

10-NAME OF FATHER, Dr David Kurtz

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eliza Blair

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14-

(Informant) Mrs J Holmes Smyth

(Address) 1612 Mt Royal

15-

MAY 21 1926 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 25, 1926

17- I HEREBY CERTIFY, That I attended deceased from June 1 1925 to May 25 1926

that I last saw h.. alive on May 14 1926

and that death occurred, on the date stated above, at 2.10A m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis

Chron Interstitial Nephritis

(Duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arter Cardiac Sclerosis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & Ill Wks

(Signed) D. W. Bishop, M. D.

May 25 1926 (Address) 501 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Stephens cemetery

DATE OF BURIAL, May 22 1926

20-UNDERTAKER. David Davidson

ADDRESS Upper Falls Md

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10822

CERTIFICATE OF DEATH.

90 E 10822

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Venerable Home 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Cohen

(a) RESIDENCE NO. 2100 E Balt St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widowed

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Bessie Cohen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	87	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Morris Cohen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balto St

Filed, 19 C. HAMPSON JONES, M. D.

Registrar

2 T 1926

cr

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21st 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to May 21, 1926, that I last saw h[illegible] alive on May 20, 1926 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY Diabetes

(Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis Wahl Thomas, M. D.

, 19 (Address) 1810 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Keseth Rim Date of Burial 5/21/26 19

20 UNDERTAKER ADDRESS

Jack Lewis 1439 E Balto St

Spec.—1-12-23—M&T—500 Bks.

10823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 E 10823

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (NO. ..... ST. 17-2 WARD)

2-FULL NAME Dorothy Marie Klemans

(a) RESIDENCE NO. 534 W. Franklin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 10/6, 1922

7 AGE — Years: 3 — Months: 7 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: August Klemans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: August Klemans

(Address) 534 W Franklin St

Filed 2-1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 19, 1926, that I last saw her alive on May 17, 1926, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency — "Congenital" valvular lesions) Pleurisy with effusion, ascites.

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lilpass, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 5/20 1926

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

1915-47 E 10824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 Red. E 10824

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 15-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Roberts -

(a) RESIDENCE NO. 1338 Pleasman ST., Balto WARD Md —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5th 25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (ND)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md — (State or country)

PARENTS

10 NAME OF FATHER George Roberts

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Mann

13 BIRTHPLACE OF MOTHER (city or town) Md - (State or country)

14 Informant Reeds (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 21 1926 C. HAMPSON JONES, M. D. Registrar or R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4 , 1926 , to May 19 , 1926 that I last saw him alive on May 19 , 1926 , and that death occurred, on the date stated above, at 2 45 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute primary (Lobar),

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	May 21st 1926

20 UNDERTAKER C. Jones ADDRESS 1142 S. Gilmor St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10825

CERTIFICATE OF DEATH.

11-002 ✓ E 10825

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 W. 20th St. 12-5 Ward)

2-FULL NAME James Fisher

(a) RESIDENCE NO. 114 W. 20th St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Fisher

6 DATE OF BIRTH (month, day, and year): Feb. 11 1896

7 AGE: Years 30 | Months 3 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: Washington Fisher

11 BIRTHPLACE OF FATHER (city or town): S. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Bell Wideman

13 BIRTHPLACE OF MOTHER (city or town): S. C.

(State or country)

14 Informant: Minnie Fisher

(Address): 114 W. 20th St.

Filed MAY 21 1926 Per _____ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17—1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 17, 1926, that I last saw h.m alive on May 16, 1926, and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Garland Chandler M. D.

May 15 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Catonsville S. C. May 20 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1723 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10826

CERTIFICATE OF DEATH.

31 ✓ E 10826

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 E. 21 St. St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvin C. Knowles.

(a) RESIDENCE NO. 710 E. 21 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth, yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced BUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6-1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44.	3.	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Surveyor Co

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Albert W Knowles

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Louise Severson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Albert W Knowles

(Address) 710 E 21 St

15 Filed....., 19.....

Registrar

MAY 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-20-1926 19

17

I HEREBY CERTIFY, That I attended deceased from Oct-1-1925, to May 20-, 1926,

that I last saw him alive on May 20-, 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Necropsy

(Signed) Stanley Jones, M. D.

, 19 (Address) 1001 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Md Date of Burial May 22 1926

20 UNDERTAKER Woodcock ADDRESS 3326 E. Baltimore

C. HARRISON JONES, M. D.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10827

CERTIFICATE OF DEATH.

100-001

E 10827

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Eppler

(a) RESIDENCE No. 734 E. Preston St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Maker

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals, (Address) Baltimore, Md.

Filed ..... 19 C. HAMPSON ..... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1917, to May 19, 1926, that I last saw h in live on May 19, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dementia Praecox, Paranoid Reaction type (Deteriorated)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Fredomitt M. D.

, 19 (Address) Phoenix City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Hanford Ave. DATE OF BURIAL May. 22 1926

20 UNDERTAKER B. W. Cook ADDRESS 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks. Term - 276 Dr. Urban Smith 817 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10828 — 1-PLACE OF DEATH

89 E 10828 — REGISTERED NO.

City of BALTIMORE: (No. 1907 Boone St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul A Schumann

(a) RESIDENCE NO. 1907 Boone St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): June 10 - 1860

7 AGE: Years 65 66 | Months 11 | Days 10 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper box Mfr

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Alexander Schumann

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Fannie Wiencke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Emma C Schumann

(Address): 1907 Boone St

15 Filed ....., 19 .....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5/20/26

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to May 20, 1926, that I last saw h in alive on May 19, 1926 and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocarditis 2 hours

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Signs

(Signed) C Urban Smith, M. D.

5/21, 1926 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park May 22 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 50 E Fayette Ave

Spec.—12-9-25—A Co.—200 Bks.

Lib 0297 Dr Nordesty - Rus'town & Haymond Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10829

CERTIFICATE OF DEATH. 100-001 E 10829

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 West Haymond Ave. 27-3 Ward)

2-FULL NAME Lida T Gimmell

(a) RESIDENCE NO. 809 West Haymond Ave st. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Gemmell

6 DATE OF BIRTH (month, day, and year) Sept 30, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Del

(State or country) Delaware

PARENTS

10 NAME OF FATHER Steven Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Delaware

14 Informant Frank Gemmell

(Address) 809 Haymond Ave

C. HOMPSON JONES, M. D.

15 Filed MAY 2 1 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 19, 1926, that I last saw her alive on May 19, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) A long illness from Arteriosclerosis yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert F. Sandesty, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christiana Del Date of Burial May 22 1926

20 UNDERTAKER Wm Cook ADDRESS 512 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10830 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10830

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 WARD)

2-FULL NAME Thomas Gould.

(a) RESIDENCE NO. 1344 Druid Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Gould

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 50 60; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver - Wagon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co (State or country) Md

PARENTS

10 NAME OF FATHER Peter Gould

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Charlotte Gray

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Helen Gould (Address) 1344 Druid Hill Ave

15 Filed 2 T 1926, 19 C. HAMPSON JONES, M. D. Registrar Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 19, 1926, that I last saw him alive on May 19, 1926, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Syphilitic Cardio Vascular renal disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute congestion of the Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam & Laboratory

(Signed) Knight Reynolds M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 5/21 1926

20 UNDERTAKER: Samuel H. Kressley — ADDRESS: 1700 Eutaw

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10831

CERTIFICATE OF DEATH.

90 E 10831

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Brown

(a) RESIDENCE No. 1721 Madison Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brown

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John H. Brown

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ann Maria T

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

Filed 2 1 1926 C. HAMPSON JONES, M. D.
Registrar

Per K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 16, 1926, that I last saw him alive on May 16, 1926, and that death occurred, on the date stated above, at 8:20 a m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency
Myocardial failure 1 (History)
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

5/17/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10832

CERTIFICATE OF DEATH.

101-001

E 10832

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 23-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Cornish

(a) RESIDENCE No. 823 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
28 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joe Isaac Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 1926, 19 C. HAMPSON JONES, M.D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 19, 1926, that I last saw h~~im~~ alive on May 19, 1926, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

5/19/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremated May 24 26 and buried in natural Urn

DATE OF BURIAL 19

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-002

E 10833

CERTIFICATE OF DEATH.

E 10833

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2709 Alameda Blvd St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel A. Cole

(a) RESIDENCE NO. 2816 Brighton Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry T. Cole

6 DATE OF BIRTH (month, day, and year) April 8. 1895

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
31	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Alfred A. Foos

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Richter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Lula M. Pochman

(Address) 2709 Alameda Blvd

Filed 21 1926, 19 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May, 20th. 1926

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1926, to May 20, 1926,

that I last saw h.. alive on May 20, 1926,

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual signs & symptoms

(Signed) , M. D.

5/21 1926 (Address) 1102 W. Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

Date of Burial May. 22 1926

UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

10834

HEALTH DEPARTMENT—CITY OF BALTIMORE

10834

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N. Fulton Ave. ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Townshend Wade Davis

(a) RESIDENCE. NO. 824 N. Fulton Ave., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ruff Davis

6 DATE OF BIRTH (month, day, and year) April 9-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Officer

(b) General nature of industry, business, or establishment in which employed (or employer) In Police Station

(c) Name of employer Police Department

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Ch. Pinkney Lee Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mt. Airy, Carroll Co., Md.

12 MAIDEN NAME OF MOTHER Grace Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ch. Pinkney Lee Davis
(Address) 824 N. Fulton Ave.

Filed 1926 19 C. HAMPSON JONES, M. D., Registrar.
Per H H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1926, to May 20th, 1926, that I last saw h in alive on May 20th, 1926, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) John R. Horgan, M. D.

19 (Address) 7 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 22 1926
20 UNDERTAKER	ADDRESS
H. J. Tschudy & Sons	N. Paca

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10835

CERTIFICATE OF DEATH.

90 E 10835

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 N. Eutaw St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Logan

(a) RESIDENCE NO. 2850 Clifton Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 13. 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Awning Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Jas. A. Nicholson Son

9 BIRTHPLACE (city or town) Charlestown

(State or country) Md

PARENTS

10 NAME OF FATHER Saml Logan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mr. Ernest L. Nicholson

(Address) 2850 Clifton Ave.

15 Filed C. HAMPSON JONES, M. D.

1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Was found

(duration) yrs. mos. ds.

(Signed) Samuel S. Nachman M.D. (Coroner)

, 1926 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown Md Date of Burial May 22 1926

20 UNDERTAKER Wm Nicholson Sons ADDRESS Norfolk Va

Spec.—1-10-21—M&T—1500 Blks.

19E 10836

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10836

CERTIFICATE OF DEATH.

× 159-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Marilyn Moglen

(a) RESIDENCE NO. 282 Brooklyn Ave ST., Brooklyn WARD, N. Y.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 19-26

7 AGE: Years ..... Months 3½ Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Brooklyn (State or country) N. Y.

PARENTS

10 NAME OF FATHER Joseph Moglen

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Belle Burland

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18th, 1926, to May 20th, 1926, that I last saw h[illegible] alive on May 20th, 1926, and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus.

Etiology undetermined

2 Inflammatory

1 (duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 5-19-26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. C. Jones, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kehreen Emanuel | DATE OF BURIAL: 5/21 1926

20 UNDERTAKER: Jack Lewis | ADDRESS: 1439 E Balto

ec.—1-12-23—M&T—500 Bks.

E 10837 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10837

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Oliver St. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Kate R. Albaugh

(a) RESIDENCE NO. 3006 Toronto Terrace WARD

(Usual place of abode) (Anchorage)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. E B. Albaugh.

DATE OF BIRTH (month, day, and year) — 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
53				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Columbia Co. Pa.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant St. Joseph Hospital Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis with Cerebral Arteriosclerosis Marked. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortitis; Chr. Nephritis Chr. Myocarditis. Hypostatic Pneumonia.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 8, 1926

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. M. Rhodes, M. D.

5-28 1926 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greensburg Pa.	May 29 1926
20 UNDERTAKER	ADDRESS
Harbaugh Homemaker	Ind Dead

Spec.—1-10-21—M&T—1500 Bks.

E 10838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10838

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. (St.) 15-13 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Caroline Finken

(a) RESIDENCE NO. 1605 N. Fulton Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life. mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Finken

6 DATE OF BIRTH (month, day, and year): July 27, 1858

7 AGE: Years 67 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Meyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Reichards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Caroline Finken

(Address): 1605 N. Fulton ave

15 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21, 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 21, 1926.

that I last saw her alive on May 21, 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Primary Intussusception Obstruction

(duration) ..... yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Toxemia Chronic Nephritis

(duration) 10 min yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5-18-26.

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas. Hampson Jones M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 22 1926
20 UNDERTAKER	ADDRESS
Chas. G. Black	142 W. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10839

CERTIFICATE OF DEATH.

E 10839

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 S. Bentalou St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard J. Smith

(a) RESIDENCE NO. 303 S. Bentalou St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —yrs. 11 mos. —ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 21st 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Stephenson A. Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret Hensemaier

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant: Stephenson A. Smith

(Address) 303 S Bentalou St

15 Filed 1926, C. HAMPSON JONES, M. D. Registrar.

Per AK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 21, 1926, that I last saw h.. alive on May 21, 1926, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows: Myocarditis Cough Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted (if not at place of death)? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Norvelle Nefferle, M. D.

5/24, 1926 (Address) 2151 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial May 24th 1926

20 UNDERTAKER: H B Kippert ADDRESS 1850 W. Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10840

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2219 E. Lombard St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Ann Kirwan

(a) Residence No. 2219 E. Lombard St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-~~SINGLE, MARRIED~~ Widowed, or ~~DIVORCED~~ (Write the word.): widowed

5a-If ~~SINGLE, MARRIED~~ Widowed, or ~~DIVORCED~~ ~~HUSBAND OR WIFE~~ of: John S. Kirwan

6-DATE OF BIRTH (month, day and year): Nov. 15. 1839

7-AGE: 86 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town): Dorchester Co.
(State or Country): Md.

PARENTS.

10-NAME OF FATHER: William Winsor

11-BIRTHPLACE OF FATHER (city or town): Dorchester Co.
(State or Country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Robinson

13-BIRTHPLACE OF MOTHER (city or town): Dorchester Co.
(State or Country): Md.

14- (Informant): Mrs Flora Barnes
(Address): 2219 E. Lombard St

15- Filed: C. HAMPSON JONES, M. D., Registrar.
1926 By: R.F.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 20. 1926

17- I HEREBY CERTIFY, That I attended deceased from June 17 1926 to May 20 1926
that I last saw h alive on May 20 1926
and that death occurred, on the date stated above, at 11:15 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of liver

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) E. B. Britton M. D.
May 21. 1926 (Address) 3316 N. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 24, 1926
20-UNDERTAKER	ADDRESS
Hughes & Jones Inc	424 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10841

CERTIFICATE OF DEATH.

8-4 23

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1631 E.Preston St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Maria Trexler

(a) Residence No. 1631 E.Preston St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-~~Single~~ ~~Married~~ ~~Widowed~~ ~~or Divorced~~ (Write the word.): Widowed

5a-If ~~married~~, widowed, or ~~divorced~~ ~~(HUSBAND'S NAME)~~ WIFE of C.Walter Trexler

6-DATE OF BIRTH (month, day and year): Mch. 7. 1869

7-AGE: 57 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town): Baltimore (State or Country), Md.

PARENTS:

10-NAME OF FATHER: John G.Loos

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Fredericka Volkland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Daisy Trexler

(Address): 1631 E.Preston St

15-

Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

1926 Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 20.1926

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1924 to May 20 1926

that I last saw h~~e~~ alive on May 20 1926,

and that death occurred, on the date stated above, at 8:15P m.

The CAUSE OF DEATH* was as follows:

Encephalitis — over

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical —

(Signed) C. H. Jones M. D.

1926 (Address) 1328 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cemetery	May 22.1926
20-UNDERTAKER, Hughes & Lord Inc	ADDRESS 424 N. Broadway

E 10842 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10842

CERTIFICATE OF DEATH. 9-4 31

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur W. Kingsbury

(Residence in Baltimore: No. 510 East North Avenue St.; yrs. 75 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: November 29, 1871 (Month) (Day) (Year)

7-AGE: 54 yrs. 5 mos. 21 ds. If LESS than 1 day, 20 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electical worker
(b) General nature of industry, business, or establishment in which employed (or employer): Enterprise Electrical Co

9-BIRTHPLACE (State or Country): Montandon Penna

PARENTS

10-NAME OF FATHER: David W. Kingsbury

11-BIRTHPLACE OF FATHER (State or Country): Huntington Pa.

12-MAIDEN NAME OF MOTHER: Henrietta Andrews

13-BIRTHPLACE OF MOTHER (State or Country): Asbury, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Kingsbury

(Address) 3604 Garrison Blvd

15- Filed 1926 By

C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 19 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulm. tuberculosis 2 years

Bronchopneumonia 2 days

Acute cardiac dilatation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. J. Kelly M. D. (Coroner)

May 20 1926 (Address) 1649 N. Broadway

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 22 1926

20-UNDERTAKER: Joseph L. Cook

ADDRESS: 1063 N. Gilmor St.

Spec.—1-10-21—M&T—1500 Bks.

E 10843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10843

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1433 Argyle Ave, ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W- H. Butler

(a) RESIDENCE NO. 1433 Argyle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia Butler

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE: Years 80 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Julia Butler (Address) 1433 argyle ave

15 MAY 22 1926 C. HAMPSON JONES, M. D. Registrar

PHY.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 19, 1926, that I last saw him alive on May 19, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Ulcerative Colitis

Probably Carcinomatous.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W- J. Cary, M. D.

May 20 1926 (Address) 515 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National — DATE OF BURIAL 5-22-26

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Mount Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

E 10844

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10844

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 31 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pasquala Platerot

(a) RESIDENCE NO. 1006 Fawn St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) May 3/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Pasquala Platerot

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Clara Marlucci

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey

14 Informant Clara Platerot

(Address) 1006 Fawn St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Potter, M. D. (Coroner)

5/21/26 (Address) 508 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kendall Dipped by May 22 1926

Date of Burial

20 UNDERTAKER St Vincents

ADDRESS 37 Dam St

Spec.—1-10-21—M&T—1500 Blks.

10845

HEALTH DEPARTMENT—CITY OF BALTIMORE

10845

CERTIFICATE OF DEATH.

3/

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Jones

(a) RESIDENCE NO. 610 N. Stockton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5n If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 2-1926 19 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 19 26

17

I HEREBY CERTIFY, That I attended deceased from Feb. 2, 19 26, to May 20, 19 26, that I last saw her alive on May 20, 19 26, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) R. W. Stack, M. D.

5-20, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL May 22 26

20 UNDERTAKER Miss Ida Snowden ADDRESS 1708 Madison

Cor.—12-9-25—A Co.—200 Bks.

E 10846

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 10846

CERTIFICATE OF DEATH.

24-3

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Baker.

(a) RESIDENCE NO. Fort McHenry. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXXXX HUSBAND of XXXXXXXXX Margaret F Baker.

6 DATE OF BIRTH (month, day, and year) April 19, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caretaker of 062

(b) General nature of industry, business, or establishment in which employed (or employer) Fort McHenry.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Charlotte, N.C.

PARENTS

10 NAME OF FATHER Silas S. Baker.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Shelly N.C.

12 MAIDEN NAME OF MOTHER Nancy R. Elam.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Chester S.C.

14 Informant Margaret E. Baker. (wife)

(Address) Fort McHenry.

C. HAMPSON JONES, M. D.

2 1926 19____ Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of left leg and internal injuries. Fall to the ground with a falling telephone pole. Accidental death.

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)_____

.....(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Bernhardt M. D. (Coroner)

5/21/26. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Fort McHenry. May 20, 1926.

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Date of Burial May 22 19 26

20 UNDERTAKER S. Levin Sons ADDRESS 1127 E. Baltimore St.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10847

179 E 10847

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 Retreat St., 13-5 Ward)

2-FULL NAME Elizabeth Ludwig

(a) RESIDENCE NO. 1520 Retreat St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad H. Ludwig

6 DATE OF BIRTH (month, day, and year): July 4 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Carl Schmidt

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Schmidt

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs D Price

(Address) 1520 Retreat St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to May 20, 1926, that I last saw h[illegible] alive on May 20, 1926, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Acute Retrogression

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? F

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests.

(Signed) Stanley Singewald, M. D.

5/27/1926 (Address) 1612 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthews Cem'y Date of Burial May 27 1926

20 UNDERTAKER: H. Sumwalt Sons ADDRESS Balto

Spec.—1-10-21—M&T 1500 Bks.

E 10848 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10848

CERTIFICATE OF DEATH.

REGISTERED NO. 99-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 S. Clinton ST. 26-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Bocek

(a) RESIDENCE NO. 1022 S. Clinton St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anniela Bocek.

6 DATE OF BIRTH (month, day, and year) Unknown 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER John. Bocek.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Anniela Bocek (Address) 1022 S Clinton St

15 2 1926 C. HAMPSON JONES, M. D. Registrar Per AKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 20, 1926, that I last saw him alive on May 20, 1926, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronuskas, M. D.

5-21-1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus DATE OF BURIAL May 24 1926

20 UNDERTAKER J W Ozazewski ADDRESS 1930 Eastern

Spec.—1-10-21—M&T—1500 Bks.

E 10849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10849

CERTIFICATE OF DEATH. X 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Dailey

(a) RESIDENCE NO. Relay Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 24 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: John Dailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Lucie Barr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Husband (Address): Same

15 FILED 2 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-17-26, to 5-20-26, that I last saw her alive on 5-20-26, and that death occurred, on the date stated above, at 5:20 pm

The CAUSE OF DEATH* was as follows:

Ruptured Appendicitis

duration not determined from history

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Operation & Ph.

(Signed) Edwin M Robinson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Aldridge Md — DATE OF BURIAL: May 23 1926

20 UNDERTAKER: J L Brown & Son — ADDRESS: 1619 W Mosby Ave

Cor.—12-9-25—A Co.—200 Bks.

E 10850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 10850

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2020 Ridgewood St., 51 Ward)

2-FULL NAME Elsie E. Leuby

(a) RESIDENCE NO. 2020 Ridgewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Apr 2 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: John J. Leuby

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Eleanor A. Satterfield

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: John J. Leuby

(Address): 2020 Ridgewood Ave

15 5/22 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Spasmodic Colitis

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) .....yrs. 1 mos. .....ds.

(Signed) D. J. Hennessy M. D. (Coroner)

5/22, 19 6 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemty Date of Burial 5/22 1926

20 UNDERTAKER: Wm Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

8 20 35

E 10851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10851

CERTIFICATE OF DEATH.

177

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1901 ST. WARD)

2-FULL NAME Raymond Bluethner (BUETTNER)

(a) RESIDENCE No. 1608 N. Fulberry ST., (1 N. Ellwood Ave) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1924

7 AGE: Years 2 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Frederick Bluethner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mildred Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Re Carlo JOHNS HOPKINS HOSPITAL

15 Filed 19 Per C. HAMPSON JONES, M. D. Registrar

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17th, 1926 to May 19, 1926, that I last saw h alive on " " 19, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Lead poisoning (?)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alex Jacobson M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: May 22nd 1926

20 UNDERTAKER: Lilly and Zeile ADDRESS: 403 S. Wolfe St.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10852

10852

CERTIFICATE OF DEATH.

3 1 V

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Mulliken ST. 6-1 WARD)

2-FULL NAME Myrtle Elickson

(a) RESIDENCE NO. 1702 Mulliken ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER William Elickson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Elizabeth Langford

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Verona Elickson (sister)
(Address) 1702 Mulliken ave

15 Filed 1926 19 C. HAMPSON JONES, Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1925 to May 19 1926, that I last saw her alive on May 18 1926, and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

19 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemy — DATE OF BURIAL May 22/26

20 UNDERTAKER Robert Skillin — ADDRESS 1615 McElderry st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10853

CERTIFICATE OF DEATH.

90 E 10853

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Harlem Ave ST. 16-7 WARD)

2-FULL NAME Ann M. Pollitt

(a) RESIDENCE NO. 1512 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
86	86	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Solomon A Pollitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence M White

(Address) 1512 Harlem Ave

15 Filed 2 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 1913, to May 20, 1926, that I last saw her alive on May 18, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insuffiency

Senile Hemis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) 13 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual.

(Signed) G. Lebrote Ewald, M. D.

5/27, 1926 (Address) 2945 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL May 24 1926

20 UNDERTAKER Geo. J. Smith

ADDRESS 1312 Hollins

Spec.—1-12-23—M&T—500 Bks.

E 10854 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10854

CERTIFICATE OF DEATH. 185

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 East Elliott ST. 76-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Eilerman.

(a) RESIDENCE No. 3508 East Elliott ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Peters Eilerman

DATE OF BIRTH (month, day, and year) Nov 10 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John Muth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not know.

12 MAIDEN NAME OF MOTHER Not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs. E. Mack.

(Address) 3508 E Elliott Street

Filed 2 1926 .19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4 .1926. to May 21 .1926.

that I last saw her alive on May 20 .1926.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Embolism Coronary Artery

Sudden (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fracture Left Femur (neck)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray examination

(Signed) Caleb N. Hattery, M. D.

May 24 1926 (Address) 1003 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel.

DATE OF BURIAL May 24 1926.

20 UNDERTAKER Edward Pasek.

ADDRESS 2406 Ashland Ave.

Spec.—12-9-25—A Co.—200 Pks.

E 10855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10855

CERTIFICATE OF DEATH.

31

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 5306 York Rd St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A Smith

(a) RESIDENCE NO. 5306 York Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ballard R Smith

6 DATE OF BIRTH (month, day, and year) Oct 27th 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Co

PARENTS

10 NAME OF FATHER Marion Anderson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Riley

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Ballard R. Smith

(Address) 5306 York Rd

15 [illegible] C. EMPSON JONES [illegible]

1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21st 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1923, to May 1926, that I last saw h[illegible] alive on May 20, 1926, and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 2 yrs. 6 mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) [illegible] yrs. [illegible] mos. 2[illegible] ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Ballard R Smith, M. D.

, 19 (Address) 709 Arlington E. Gms

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cem

Date of Burial May 29 1926

20 UNDERTAKER E L Roy Steffey

ADDRESS 1255 North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 10856 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Penn. Ave ST. 15-11 WARD)

REGISTERED NO. 76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Hemsley.

(a) RESIDENCE NO. 2816 Penn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: James Lloyd Hemsley.

6 DATE OF BIRTH (month, day, and year): Oct. 14-1886

7 AGE: Years 40 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frank J. Winter.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Margaret M. Fuller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mrs. Margaret Winter.

(Address) 2816 Penn. Ave.

Filed 2-2 1926. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to May 20th, 1926,

that I last saw her alive on May 20th, 1926,

and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) 1 yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Egbert C. Reese, M. D.

, 19 (Address) 2127 W. Fulton Ave. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery.

DATE OF BURIAL: May 24 1926

20 UNDERTAKER: M. Fahey & Sons.

ADDRESS: W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10857 — 31 — E 10857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Chilarens Hospital School — REGISTERED NO. C

CITY OF BALTIMORE: (No. Greenstring Ave. — WARD) 43-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl M. Cockey

(Residence in Baltimore: No. 1308 Morling Ave St.; 1 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 25, 1924 (Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — 0
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas O. Cockey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lula Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A.R. Shands Jr.

(Address) Chilarens Hosp. School

15- Filed ....., 192.. C. HAMPSON JONES, M. D. Registrar.

2 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 12 1926, to May 22 1926, that I saw her alive on May 22 1926, and that death occurred, on the date stated above, at 3 21 Am.

The CAUSE OF DEATH* was as followa:

Lung Abscess. T.b.c.

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Spine

(Duration) ....yrs. 10 mos. ....ds.

(Signed) A.R. Shands Jr. M. D.

May 22, 1926. (Address) Childs Hosp. Sch.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 10 ds. In the State 1 yrs. 9 mos. ....ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1308 Morling Ave

19-PLACE OF BURIAL OR REMOVAL, Mt. Marys (Hamsden) — DATE OF BURIAL, May 25, 1926

20-UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Road

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10858

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 939 N. Stricker ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Brown

(a) RESIDENCE. No. 939 N. Stricker ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Laura Brown

6 DATE OF BIRTH (month, day, and year): May 8 1883

7 AGE: Years 43; Months; Days 12; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Charlotte, N.C.

10 NAME OF FATHER: John Brown N.C.

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Julia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant (Address): Laura Brown 939 N. Stricker St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per RAW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/20/ 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 20, 1926, that I last saw him alive on May 19, 1926 and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 4 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

(Address) 1019 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 5/24/26

20 UNDERTAKER: Emanuel K. Hensley ADDRESS: 578 N. Belle

Spec.—1-10-21—M&T 1500 Bks.

E 10859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X B1 E 10859

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 803 Elder Alley ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Warners

(a) RESIDENCE NO. Bellevue Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Warners

6 DATE OF BIRTH (month, day, and year): April 11 1887

7 AGE: Years 39 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER: Henry Gates

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emily Barnes

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): Eva Banks 803 Elder Alley

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1926, to May 21, 1926, that I last saw her alive on May 21, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of Lung

Tuberculosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Bacteria

(Signed) A. A. Kennard M. D.

5-22-1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md — DATE OF BURIAL 5-25-26

20 UNDERTAKER: Samuel H Kneedler & Bro — ADDRESS 578

Spec.—1-10-21—M&T—1500 Blks.

10860 HEALTH DEPARTMENT—CITY OF BALTIMORE 10860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Gusler ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bevins

(a) RESIDENCE No. 636 Gusler ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. X mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 53; Months X; Days X; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholster

(b) General nature of industry, business, or establishment in which employed (or employer): Repairing Furniture

(c) Name of employer: Southern Furniture Balto-Md. Co

9 BIRTHPLACE (city or town) (State or country): Balto-Md.

PARENTS

10 NAME OF FATHER: William Bevins

11 BIRTHPLACE OF FATHER (city or town) (State or country): X U. S.

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): X U. S.

14 Informant: Camellia Bevins

(Address)

15 2 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to May 19, 1926, that I last saw him alive on May 19, 1926, and that death occurred, on the date stated above, at 12100 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. Kerr Mitchell, M. D.

, 19 (Address) 601 Cumberland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: May 23 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.- 1-10-21 M&T 1500 Bks.

10861

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 10861

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Edwards

(a) RESIDENCE NO. 1509 Shields Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William. Edwards.

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Jacob Hill

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Nettie Edwards

(Address) 1509 Shield. Alley

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4/23/ 1926, to 5/21/26. 19

that I last saw h[illegible] alive on 5/21/26. 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation. Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/11/26

Was there an autopsy? no operation

What test confirmed diagnosis? Clinical &

(Signed) H R. Mc-Connell M. D.

5/24, 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 25 1926

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 323 N. Schroeder St

Spec.—1-10-21—M&T—1500 Blks.

E 10862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10862

CERTIFICATE OF DEATH.

49 x

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 25-2 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh Dixmark

(a) RESIDENCE NO. Newport News, Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) //

12 MAIDEN NAME OF MOTHER //

13 BIRTHPLACE OF MOTHER (city or town) (State or country) //

14 Informant James McEwen

(Address) Dalton Village Newport News

Filed MAY 22 1926 C. HAMPSON JONES, M.D. Registrar

Fee 2005

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 1926, to 5-20, 1926, that I last saw her alive on 5-20, 1926, and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 3 mos. ~~3 days~~ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5-20-26

Was there an autopsy? yes

What test confirmed diagnosis? Post findings

(Signed) L. Clowes Cohn M. D.

, 19 (Address) 2 W 11 Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newport News Va

DATE OF BURIAL May 22-26

20 UNDERTAKER Ventramy Bros

ADDRESS 1723 Wash Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10863 E 10863

CERTIFICATE OF DEATH.

161-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 75-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Peirce

(a) RESIDENCE NO. 1 Fishburn Rd Westport ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

DATE OF BIRTH (month, day, and year) 5/7/26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md (State or country)

10 NAME OF FATHER Vernon Peirce

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Kearns

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

Informant St Joseph's Hospital records (Address)

FILED MAY 22 1926 C. HAMPSON JONES, M. D. By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22/26 19

17 I HEREBY CERTIFY, That I attended deceased from 5/17, 1926, to 5/22, 1926, that I last saw her alive on 5/22, 1926, and that death occurred, on the date stated above, at 4:45 a m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arnold R Jensen, M. D.

5/22, 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL MAY 22 1926 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL MAY 22 1926 Baltimore Md.

Spec.—1-10-21 M&T 1500 Blks.

E 10864 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10864

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 E. Monument ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Williams

(a) RESIDENCE No. Blair Road ST., WARD Overlea P.O.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 6, 19 17

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	8	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Willis Williams

11 BIRTHPLACE OF FATHER (city or town) Lancaster
(State or country) Va.

12 MAIDEN NAME OF MOTHER Edna Wormley

13 BIRTHPLACE OF MOTHER (city or town) Lancaster
(State or country) Va.

14 Informant Willis Williams
(Address) Blair Road Overlea

15 Filed 2 1526 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1926

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1926, to May 20, 1926,
that I last saw h.. alive on May 20, 1926,
and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(over)

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) Edema of lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary - physical exam.

(Signed) W. E. Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Stone Va	May 23, 26
20 UNDERTAKER John W. Henderson	ADDRESS 1502 E. Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10865

CERTIFICATE OF DEATH.

74-001

E 10865

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 Ravenswood Ave. St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eugenie Levegood.

(a) RESIDENCE NO. 66 List Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Levegood

6 DATE OF BIRTH (month, day, and year) June 12-1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Keagle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Harriett Merrell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant Charlotte Hilstrup

(Address) 66 List Ave.

15 Filed 19

23 1926 Per RK. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 21 26

17 I HEREBY CERTIFY, That I attended deceased from May 21st, 1926, to May 21, 1926, that I last saw h.r. alive on May 21, 1926, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. 3 hours mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

May 21, 1926 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Union Cem Liberty Pa May 24 1926

20 UNDERTAKER ADDRESS

Lilly & Zeiler 403 S. Wolfe St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10866

CERTIFICATE OF DEATH.

31

E 10866

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 513 Ravenswood ave STR. 27-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Luther Sambrd

(a) RESIDENCE. No. 513 Ravenswood Ave. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Mollie L. V. Sambrd.

6 DATE OF BIRTH (month, day, and year) June 6, 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman & Collector.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Griffith & Turner Co.

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland.

PARENTS

10 NAME OF FATHER Isaac Sambrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elenora Shriner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

11 Informant Melvin B. Sambrd

(Address) 3516 Norwood ave.

15 Filed 3 1926 19 C. HAMPSON JONES, M. D. Registrar

By R. R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926. to May 21, 1926.

that I last saw he alive on May 21, 1926.

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of business, possibly.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. M. Pannebaker, M. D.

19 (Address) 809 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge DATE OF BURIAL: May 24 1926

20 UNDERTAKER John O. Mitchell ADDRESS 20 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 10867 HEALTH DEPARTMENT—CITY OF BALTIMORE 113

E 10867

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Belvidere Ave (WARD) 22

2-FULL NAME Jean D Pape

(a) RESIDENCE No. 210 Belvidere St., Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓ ✓

6 DATE OF BIRTH (month, day, and year): May 10 1925

7 AGE: Years: 1 Months: ~~2 Weeks~~ Days: 12 If LESS than 1 day, hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Grove C Pope

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Grove C Pope
(Address): ~~210 Belvidere Ave~~

2 3 1926 C. HAMILTON JONES, M. D.
Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 22, 1926, that I last saw her alive on May 21st, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cholera Infantum

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Leonard E Beach, M. D.

, 19 (Address) 2229 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem DATE OF BURIAL: May 24, 1926

20 UNDERTAKER: Chenowith & Son ADDRESS: 817 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10868 — 45 — E 10868

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2917 Huntingdon Ave

2-FULL NAME Eliza A Norris

(a) RESIDENCE No. 2997 Huntingdon Ave (Usual place of abode) WARD .....

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos F Norris

6 DATE OF BIRTH (month, day, and year) Feb 16 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Jos F. Norris

15 Filed 2 3 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1924, to May 21, 1926, that I last saw her alive on May 21, 1926, and that death occurred, on the date stated above, at 1030 A m.

The CAUSE OF DEATH* was as follows:

Pelvic Carcinoma

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Roscoe Evans, M. D.

May 19 26 (Address) 7436 Marlyland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL May 24 1926

20 UNDERTAKER Ehenowett & Son ADDRESS 3617 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10869

CERTIFICATE OF DEATH.

159-1 E 10869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 829 Wellington Ave (Ward) 13-4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth L. Lindemon

(a) RESIDENCE NO. 829 Wellington Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): April 15 1926

7 AGE — Years: — Months: 1 — Days: 7 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Lindemon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Augusta Bayne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): James Lindemon 829 Wellington

Filed MAY 23 1926 RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to May 22, 1926.

that I last saw her alive on May 22, 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature gestation

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Toxemia of pregnancy

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. Hudgins, M. D.

May 22, 1926 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: May 24 1926

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3417 Chestnut

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10870

CERTIFICATE OF DEATH.

151

E 10870

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 34 N. Kenwood ave St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry P. Burns

(a) RESIDENCE NO. 34 N. Kenwood ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Wilhelmina Burns

6 DATE OF BIRTH (month, day, and year) Jan 4-1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	2	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Boiler Maker

(c) Name of employer E. J. Codd Co.

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Patrick Burns

11 BIRTHPLACE OF FATHER (city or town) Ire.

(State or country)

12 MAIDEN NAME OF MOTHER Bridget Taylor

13 BIRTHPLACE OF MOTHER (city or town) Ire

(State or country)

14 Informant May Burns

(Address) 34 N. Kenwood ave

Filed MAY 23 1926, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19 26, to May 20, 19 26, that I last saw him alive on May 19, 19 26, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of Leg

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 1, 1926.

Was there an autopsy? no Amputation of Leg.

What test confirmed diagnosis?

(Signed) E. L. Pearson M. D.

5. 22. 1926 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 5/24 19 26

20 UNDERTAKER J. A. Moran ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10871

CERTIFICATE OF DEATH.

46 E 10871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6240 W Lombard ST. (or) WARD) H-1

2-FULL NAME Johanna Jaacks

(a) RESIDENCE No. 604 W. Lombard. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Jaacks

6 DATE OF BIRTH (month, day, and year) Sept 20-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	68	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Eckel-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Do not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Jaacks (Address) 604 W Lombard.

15 Filed MAY 23 1926 H. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1926, to May 21, 1926, that I last saw her alive on May 20, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 5- mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Ley Hoag, M. D.

May 21, 1926 (Address) 7E Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cemetery — DATE OF BURIAL 5/24 1926

20 UNDERTAKER Geo Lumbrecht + Son. — ADDRESS 647 W Pratt St.

Spec.—1-10-21—M&T—1500 Bks.

E 10872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 10872

12-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3003 St. Paul Street ST., 12 WARD)

2-FULL NAME Charles Swindell Bailey

(a) RESIDENCE NO. 3003 St. Paul Street ST., 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 32 yrs. 2 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Seward Bailey

6 DATE OF BIRTH (month, day, and year) Mar-9-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer M. Samuels & Co.

9 BIRTHPLACE (city or town) Washington
(State or country) D.C.

PARENTS

10 NAME OF FATHER Josiah R. Bailey

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) D.C.

12 MAIDEN NAME OF MOTHER Abigial Bawner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Marion R. Bailey (brother)
(Address) 703 Chumleigh Rd.-Stoneleigh-Balto-Co.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21st 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 11th, 1926, to May 21st, 1926.

that I last saw him alive on May 21st, 1926

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
and Pleurisy

(duration) yrs. 9 mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dr.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) W. Nelson Rush M. D.

May 22-1926 (Address) 3005 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May-24-1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS: 108 W. NORTH AVE.

MAY 23 1926 C. LINDSAY JONES

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10873

E 10873

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., 12-3 Ward)

2-FULL NAME Julia Kryzanowsky

(a) RESIDENCE NO. Hopkins Apartment's St. 12th Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 41 yrs. 8 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Constant J. Kryzanowsky

6 DATE OF BIRTH (month, day, and year) September 9th, 1884

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
41	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of indnstry, business, or establishment in which employed (or employer) ..... None

(c) Name of employer None

9 BIRTHPLACE (city or town) Toledo

(State or country) Ohio

PARENTS

10 NAME OF FATHER Hugh Bartley

11 BIRTHPLACE OF FATHER (city or town) Bristol

(State or country) England

12 MAIDEN NAME OF MOTHER Ellen Ahern

13 BIRTHPLACE OF MOTHER (city or town) Limerick Co.

(State or country) Ireland

14 Informant Mr. C. J. Kryzanowsky (husband)

(Address) Hopkins Apts. City

15 Filed 5/25 1926 19 ..... K/K, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926 to May 22, 1926, that I last saw her alive on May 22, 1926, and that death occurred, on the date stated above, at 12.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pericarditis

(duration) ? yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia about 23

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clin

(Signed) Hubert S. Porterfield, M. D.

5/22, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: May 24th 19 26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10874

101-001

E 10874

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3936 Park Heights Av St. 45-3 Ward)

2-FULL NAME George Hartman

(a) RESIDENCE NO. 3936 Park Heights Av St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 11 1888

7 AGE: Years 37 | Months 7 | Days 10 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman 086

(b) General nature of industry, business, or establishment in which employed (or employer): Catapres Stevedore

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: George Hartman

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country): Balto md

12 MAIDEN NAME OF MOTHER: Mary E. Eisenhardt

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country): Balto Md

14 Informant: Geo Hartman Father

(Address): 3938 Edmondson Av

15 Filed MAY 23 1926 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15 1926, to May 21, 1926, that I last saw him alive on May 21, 1926, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D Ashhurst, M. D.

(Address) 4012 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C.A. Co. Date of Burial: May 24 1926

20 UNDERTAKER: Margaret J. Flynn ADDRESS: 1422 Light St.

Spec.—1-12-23—M&T—500 Bks.

Annie R. Strohauer

HEALTH DEPARTMENT—CITY OF BALTIMORE

10875

CERTIFICATE OF DEATH.

90 E 10875

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hosp ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Strohauer

(a) RESIDENCE NO. 1337 N. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Strohauer

DATE OF BIRTH (month, day, and year) Dec 18 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Brylin Hogadorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen J. Cullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Hospital Record

(Address)

FILED MAY 23 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21- 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-20- , 1926, to 5-21- , 1926

that I last saw h alive on 5-21- , 1926

and that death occurred, on the date stated above, at 12 02 P. m

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio-Vascular Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No , Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. F. Edwards , M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 5/23 1926

20 UNDERTAKER Bryce & Sons

ADDRESS Futon & Taylor

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10876

CERTIFICATE OF DEATH.

88

REGISTERED NO. E 10876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 27-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorraine Heinze

(a) RESIDENCE NO. 5401 Pk. Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Aug 13-1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Henry Heinze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Henry Krauez

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant (Address): Mrs L. H. Burkhardt 3300 Auchentoroly Terrace

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to May 22, 1926,

that I last saw h[illegible] alive on May 22, 1926,

and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Sub-acute bacterial Endocarditis

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of [illegible]

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. E. Bongard M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 5/25 1926

20 UNDERTAKER: Chas. E. Krause & Son

ADDRESS: 1101 Druid Park Ave

Spec. 1-1921-M&T-1500 Bks.

1895

1918 E 10877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10877

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 15-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME albert Peregoy

(a) RESIDENCE NO. 2113 Chelsey Terrace ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Traveling

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel F. Peregoy

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Harriett Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 23 1926 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15th 1926, to May 22nd 1926, that I last saw h[illegible] alive on May 22nd 1926, and that death occurred, on the date stated above, at 3.57 a. m.

The CAUSE OF DEATH* was as follows:

Haemorrhage of Lung.

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Tuberculosis, Pulmonary

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 20

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Ago Jacobaeus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 5/24 1926

UNDERTAKER: Chas. F. Wack & Son — ADDRESS: 118 W. Fayette

Spec.—1-10-1—H&T—1500 Blks.

1917 1926 10878 HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

CERTIFICATE OF DEATH. E 10878

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST. 6-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta Obetter

(a) RESIDENCE NO. 134 Collington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1923

7 AGE: Years: 3 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Joseph Obetter

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Sarah Sheffet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 23 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1926, to May 22nd, 1926, that I last saw h[illegible] alive on May 22nd, 1926, and that death occurred, on the date stated above, at 10 10 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Jacobson, M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Benevolent Ass'n

DATE OF BURIAL: 5-25 1926

20 UNDERTAKER: Jack Levin, 1739

ADDRESS: E. Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10879

CERTIFICATE OF DEATH.

159-003

E 10879

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Place St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lynch

(a) RESIDENCE NO. 2306 Place ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 21 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Stephen L. Lynch

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Jennie L. Murphy

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mrs J. L. Lynch
(Address) 2306 Place St

15 Filed May 28, 1926 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1926 to May 22, 1926

that I last saw ~~him~~ alive on May 22, 1926

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Congenital Deformity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

May 28 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A. A. Co. DATE OF BURIAL May 24 1926

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Luzerne ST. 83 WARD 4)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E. Pilch

(a) RESIDENCE. NO. 1408 N. Luzerne St ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred. [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jacob Pilch

6 DATE OF BIRTH (month, day, and year) Oct 16 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER Wm C. Edmeades

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER Elizabeth Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Carrie Colvin

(Address) 1408 N. Luzerne St

15 Filed [illegible], 19[illegible]. C. HUDSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22nd, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 8th, 1926, to May 22nd, 1926, that I last saw her alive on April 28, 1926, and that death occurred, on the date stated above, at 6:15 A m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency - T
Chronic Bronchitis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bertha Japman Shamer, M. D.

May 22 1926 (Address) 3800 West North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton Md via B&O R	May 24 1926
20 UNDERTAKER: John F. Denny	ADDRESS: 915 Light St

Spec.—1-10-21—M&T—1500

E10881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10881

CERTIFICATE OF DEATH

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME James Grove Roney

(a) RESIDENCE No. Pittsburg Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1909

7 AGE: Years 16 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pittsburg Pa.

PARENTS

10 NAME OF FATHER: William A. Roney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Jennette Grove

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Jeanette G. Roney

(Address)

MAY 24 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to May 23, 1926, that I last saw him alive on May 23, 1926, and that death occurred, on the date stated above, at 7.20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(Hemolytic Streptococcus)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Lawrenceville N. J.

Did an operation precede death? Yes Date of May 19, 1926

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sewickley Penna.

DATE OF BURIAL: May 24 1926

UNDERTAKER: John O. Mitchell

ADDRESS: 1201 W. Fayette St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10882

CERTIFICATE OF DEATH.

40

REGISTERED NO. E [illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. G. Knorr

(a) RESIDENCE NO. 1744 Orleans St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Knorr

6 DATE OF BIRTH (month, day, and year) July 21, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Special Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Clive Oil Co. 062

9 BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER Edward W. Knorr

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Moore

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

Informant Mary E. Knorr

(Address) 1744 Orleans St.

Filed 2 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

Par RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21- 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-1- , 1926, to 5-21- , 1926.

that I last saw h— alive on 5-21- , 1926

and that death occurred, on the date stated above, at 10. 0. m.

The CAUSE OF DEATH* was as follows:

Primary Cerebral Hemorrhage

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Date of 5-3-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. S. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 24 1926

20 UNDERTAKER Henry Sauer & Sons Inc — ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

E 10883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10883

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Fernwood Ave ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Avesser

(a) RESIDENCE NO. 3811 Fernwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 26-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Canton Box Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Williams Avesser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Catharine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Kappel

(Address) 3811 Fernwood ave

15 Filed 5-24, 1926, 19 HAMPTON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22nd, 1926, to May 21, 1926, that I last saw him alive on May 20, 1926, and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis Alcoholic

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) H H Jones, M. D.

5/22/1926 (Address) 1011 N. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL May 24 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10884

CERTIFICATE OF DEATH.

E 10884

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (NO. Caroline & Oliver ST., 11-3 WARD)

2-FULL NAME Brother Thomas McShane

(a) RESIDENCE NO. Loyola College Calvert & Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman.

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant St Josephs Hospital Record (Address)

15 Filed [illegible] 19 C. HAMPTON JONES, M. D. Registrar

1 24 1926

V. EST - AUTOMOBILE - H.W. MEARS - ESCORT -

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April-28, 1926, to May 21, 1926, that I last saw him alive on May 21-, 1926, and that death occurred, on the date stated above, at 7:10 p. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Left Leg

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial. Pnuemonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of May 2. 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. R. McConnell M. D.

May 21, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock, Md.

DATE OF BURIAL 5/24 19 26

20 UNDERTAKER H. Thomson & Son

ADDRESS 805 N. Calvert St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10885

CERTIFICATE OF DEATH.

129

E 10885

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 E. Chase ST. 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Amelia Richter

(a) RESIDENCE No. 2428 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Richter

6 DATE OF BIRTH (month, day, and year) Sept 12-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Hofmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Stottler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christian Richter

(Address) 2428 E. Chase St

15 Filed 5 24 1926 19 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1926, to May 22, 1926.

that I last saw h[illegible] alive on May 22, 1926

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chron. Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Rydamell, M. D.

19 Address 80 E. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL May 25 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

10886

HEALTH DEPARTMENT—CITY OF BALTIMORE

1455-001

CERTIFICATE OF DEATH.

E 10886

REGISTERED NO.

1-PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-6 ST. WARD)

2-FULL NAME Mrs Beatrice Jones

(a) RESIDENCE No. 3401 Rosedale Rd. ST., Ashburton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced (or) WIFE of Webster Blaine Jones

6 DATE OF BIRTH (month, day, and year) Jul 21 1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westminster Md (State or country)

PARENTS

10 NAME OF FATHER Daniel F. Snyder

11 BIRTHPLACE OF FATHER (city or town) Westminster (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Hurley

13 BIRTHPLACE OF MOTHER (city or town) Westminster (State or country) Md

14 Informant Friends.

(Address)

15 Filed 2 4 1926 .19 H. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27 .1926, to May 27 .1926,

that I last saw h alive on May 27 .1926

and that death occurred, on the date stated above, at 5:43 Pm.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

Syphilis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Thrombophlebitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of April 28-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Wm. C. Wright M. D.

.19 (Address) Maryland Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nuture of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge | DATE OF BURIAL May 25 1926

20 UNDERTAKER A S Marshall | ADDRESS 3539 Fallsway

Spec.—0021—M&T—1500 Bks.

0913

E 10887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 7-1 WARD)

2-FULL NAME Dorothy Eason

(a) RESIDENCE NO. 6 Hamilton ST., Annapolis Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mns. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion A. Eason

6 DATE OF BIRTH (month, day, and year) May 7th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER George L. Beyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Susan Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 24 1926, 19 ..... Registrar

THOMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to May 24, 1926,

that I last saw her alive on May 24, 1926,

and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, myocarditis and hypertension.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Annapolis, Md.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E T Waldt, M. D.

, 19 (Address) Johns Hopk. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL May 25 1926

UNDERTAKER Jos S. Sayler Sons

ADDRESS Annapolis Md

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10888

CERTIFICATE OF DEATH.

129 E 10888

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 W Lexington ST.) 19-1 (WARD)

2-FULL NAME Charles F Finley

(a) RESIDENCE NO. 1500 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Finley

6 DATE OF BIRTH (month, day, and year): May 23 1853

7 AGE: Years 73 Months 11 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer): 075

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robt Finley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: H C Swartz

(Address): 1912 Montpelier St

15 FILED MAY 24 1926 Registrar: R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to May 22, 1926, that I last saw him alive on May 20, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Chronic Nephritis Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Geo. S. Bischoff, M. D.

, 19 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park

DATE OF BURIAL: 5/24 1926

20 UNDERTAKER: Geo. A. Farley.

ADDRESS: 1850 W. Fayette St

Spec.—12-9-25—A Co.—200 Bks.

E 10889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 10889
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1414 McHenry St. 20-5 Ward)

2-FULL NAME William N Eberhart

(a) RESIDENCE NO. 1414 McHenry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eberhart

6 DATE OF BIRTH (month, day, and year) June 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Henry Eberhart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER [redacted] Eberhart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Chas Eberhart

(Address) 1414 McHenry St.

C. HAMILTON JONES, M. D.

15 Filed 19 Per Registrar

MAY 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22/26

17

I HEREBY CERTIFY, That I attended deceased from 5/8/26, to 5/22/26,

that I last saw h— alive on 5/22/26,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bronchopneumonia

7 weeks (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward J. Jung, M. D.

5/24/1926 (Address) 910 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: May 25 1926

20 UNDERTAKER: John J. Fields — ADDRESS: 1200 W Lombard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

202

E 10890

REGISTERED NO.

E-10890
1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Machovec

(a) RESIDENCE NO. 1805 Henneman Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX

6 DATE OF BIRTH (month, day, and year) Aug 19/1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Machovec

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Zak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.Md

14 Informant Joseph Machovec

(Address) 1805 Henneman Ave

15 Filed....., 19..... Registrar

COHONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Basal Fractire of Skull-Accidently pulled large flower box from position while at play in yard of home

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.
(Coroner)

5/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial May 25 1926

20 UNDERTAKER Frank Evach Son ADDRESS 1906 Ashland ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10891 — E 10891

CERTIFICATE OF DEATH.

REGISTERED NO. 86-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1137 N Carey St. (ST.) 46-6 (WARD)

2-FULL NAME Lottie M. Lafaye

(a) RESIDENCE NO. 1137 N Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elzie Lafaye

6 DATE OF BIRTH (month, day, and year) Oct 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Hezekiah Lafaye

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Peggy Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Elizabeth Lafaye (Address) 1137 N Carey St

15 Filed C. HAMPSON JONES, M. D. Registrar

MAY 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27 1926 to May 22 1926 that I last saw him alive on May 21 1926 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ny

(Signed) W. F. Columan M. D.

(Address) 1131 E McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 25 1926

20 UNDERTAKER Samuel Wright & Son — ADDRESS 36 Mary

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10892 12 G **E 10892**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 N Bruce St. (WARD) 17-1

2-FULL NAME Mariah Holland

(a) RESIDENCE No. 1621 N Bruce St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Holland

6 DATE OF BIRTH (month, day, and year): March 1867

7 AGE: Years 59 Months 2 Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: William Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Catherine Smyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Laura Hawkins (Address) 1621 N Bruce St

15 Filed MAY 24 1926 — C. HAMPSON JONES, M. D. Registrar — Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to May 22, 1926, that I last saw h[illegible] alive on May 21, 1926, and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Coma (uraemic)

(duration) ✓ yrs. ✓ mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) George C. Shannon M. D.

5/22, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville — DATE OF BURIAL May 25 1926

20 UNDERTAKER: Samuel Ellwood — ADDRESS 1764 W Cary

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10893 — CERTIFICATE OF DEATH. — E 10893

1-PLACE OF DEATH New Pittsburg & Melrose Ave. Baltimore City (Bolgard)

CITY OF BALTIMORE: (NO. 25 ST. WARD) REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Susan Parks

(a) RESIDENCE. NO. New Pittsburg & Melrose Ave ST. WARD.
(Usual place of abode) Baltimore County (Bolgard).
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J Parks

6 DATE OF BIRTH (month, day, and year) July 16 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New London
(State or country) Connecticut

PARENTS

10 NAME OF FATHER Albert Palmer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Susie King.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant James Parks.
(Address) New Pittsburg & Melrose Ave

15 Filed ....., 19 ..... Registrar

4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to May 22, 1926, that I last saw her alive on May 22, 1926, and that death occurred, on the date stated above, at 9.22 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(duration) ..... yrs. ..... mos. 10 hrs.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Reddy, Capt. M.C. U.S.A. M.D.

, 19 (Address) Camp Holabird, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New London Conn. — DATE OF BURIAL May 27 1926

20 UNDERTAKER John Merrick — ADDRESS 208 Orleans

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10894

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

CERTIFICATE OF DEATH.

E 10894

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Division ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Coleman

(a) RESIDENCE. NO. 1928 Division ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of married Sadie Coleman

6 DATE OF BIRTH (month, day, and year) Feb 19-1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Thomas Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Dato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Sadie Coleman (Address) 1928 Division st

15 Filed , 19 . Registrar

24 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5 , 1926 , to May 22 , 1926 , that I last saw h alive on 22 , 1926 , and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Dilotation of Heart 1 day

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nervous Prostration 2 weeks

(duration) yrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Nelson M. D

, 19 (Address) 1503 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 5/25/1926

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

Jenkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10895

CERTIFICATE OF DEATH.

179

E 10895

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St. B-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Jenkins

(a) RESIDENCE NO. 210 E Lanvale St. Ward West D.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22 - 25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Washington

(State or country)

PARENTS

10 NAME OF FATHER Edward Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Clarence Jenkins

(Address) 210 E Lanvale St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

24 1925 Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3d degree Burns - front & back arms - chest

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Manuel L. Fischer M. D.

(Coroner)

1925 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem.	May 27 1925
20 UNDERTAKER	**ADDRESS**
J. J. Cowan & Son. Per Frank J. Cowan	401 N. Howard

Spec.—12-9-25—A Co.—200 Bks.

E 10896

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

CERTIFICATE OF DEATH.

E 10896
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3718 E. Pratt St. 25-6 Ward)

2-FULL NAME Christina Reding

(a) RESIDENCE NO. 3718 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Late John U. Reding

6 DATE OF BIRTH (month, day, and year) Jan 2/40

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Flack

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wm F. Zulauf

(Address) 3718 E Pratt St

Filed MAY 24 1926 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/26

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1926, to May 22, 1926,

that I last saw h.. alive on May 20, 1926,

and that death occurred, on the date stated above, at 11:15 P m

The CAUSE OF DEATH was as follows:-

Heart ex haustion

Arteris Sclerosis

(duration) X yrs. 6 mos. X ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 2 yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Same

(Signed) Jas. F. Ewald, M. D.

May 24 1926 (Address) 1.P. Road & Eastern Ave

State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bachman's Lem Date of Burial May 25 26

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10897.

100-001

CERTIFICATE OF DEATH.

E 10897.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 17-3 Ward)

2-FULL NAME Leroy Floyd

(a) RESIDENCE NO. 772 W. Franklin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Leroy Floyd.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mrs. Emily Wiggins

(Address) 772 W. Franklin St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/1926

17

I HEREBY CERTIFY, That I attended deceased from May 14th 1926, to May 21st 1926, that I last saw h.... alive on May 21st 1926, and that death occurred, on the date stated above, at 4-P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia with probable meningitis

(duration) ~ yrs. ~ mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Arthritis

(duration) ~ yrs. ~ mos. 3 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. B. Glascock, M. D.

, 19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial May 24/26

20 UNDERTAKER Dennis Carton ADDRESS Penna

Spec.—1-10-21—Qtr. 1500 Bks.

1926 E 10898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Winters

(a) RESIDENCE NO. Randalstown ST. 2nd WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Jan 22 - 25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Randallstown
(State or country) Md

PARENTS

10 NAME OF FATHER Robert Whitlow

11 BIRTHPLACE OF FATHER (city or town) 2nd
(State or country)

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) 2nd
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 24 1926 C. HAMPSON JONES, M.D.

For ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1926, to May 22nd, 1926, that I last saw him alive on May 22nd, 1926, and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Randallstown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical

(Signed) Ed Jacobson, M. D.

5/24, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas Cem

DATE OF BURIAL 5/24/26

20 UNDERTAKER Samuel H. Hensley

ADDRESS 58 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 10899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10899

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ..... ST., 3-1 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Downey

(a) RESIDENCE NO. 1012 Bank ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	67 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plain Baker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER — Downey

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

MAY 24 1926 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1925 to May 23, 1926, that I last saw him alive on May 23, 1926, and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller M. D.

5/23/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel DATE OF BURIAL May 25 1926

20 UNDERTAKER Wm Cook ADDRESS 5032 Reisterstown Rd

Spec.—1-10-21—M&T—1500 Bks.

E 10900 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10900

108-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Lombardo Jr.

(a) RESIDENCE No. 2007 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Galto Md

PARENTS

10 NAME OF FATHER Andrew Lombardo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Dontoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Andrew Lombardo

(Address) 2007 Edmondson Ave

15 Filed MAY 24 1926 HAMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1926, to May 22, 1926,

that I last saw him alive on May 22, 1926,

and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. 1 mos da.

CONTRIBUTORY (Secondary) Foxemia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam Lab findings

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pere Cathedral — DATE OF BURIAL May 24 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Lexington Ave

Spec.—12-9-25—A Co.—200 Blks.

Dr Sanderson 1714 N Caroline

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10901

CERTIFICATE OF DEATH.

74-001 E 10901

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1619 N Caroline St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Krause

(a) RESIDENCE NO. 1619 N. Caroline St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katie E. Krause

6 DATE OF BIRTH (month, day, and year): Oct 17 - 1853.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72	7.	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coach Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Detch B. Taylor Co

(c) Name of employer

9 BIRTHPLACE (city or town): Dayton Ohio

(State or country)

PARENTS

10 NAME OF FATHER George Krause

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Deuse

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant John M Sanderson.

(Address) 1619. N Caroline.

MAY 24 1926

Filed _____, 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to May 22, 1926

that I last saw him alive on May 22, 1926.

and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) ____ yrs. ____ mos. V ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John M. Sanderson, M. D.

, 19 (Address) 1714 N Arunelia Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial: May 23 1926

20 UNDERTAKER: Wellington Lee & Co E Balto

ADDRESS

Spec.—1-10 21—M&T—1500 Blks.

E 10902 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 10902**

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO. 9-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Mr. Francis S. Strasburgh

(a) RESIDENCE NO. 511 E. 21st St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ida Strasburgh

6 DATE OF BIRTH (month, day, and year) May 21/1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64		2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer - Bethlem Steel Co.

9 BIRTHPLACE (city or town) Marysville - Penn.
(State or country)

PARENTS

10 NAME OF FATHER Mr. Samuel F. Strasburgh

11 BIRTHPLACE OF FATHER (city or town) Dauphin
(State or country) County - Penn.

12 MAIDEN NAME OF MOTHER Miss America S Shearine

13 BIRTHPLACE OF MOTHER (city or town) Harrisburg
(State or country) Penn.

14 Informant Mrs. F. Strasburgh

(Address) 511 E 21st St

15 Filed MAY 24 1926 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23 1926

17

I HEREBY CERTIFY, That I attended deceased from 5/22, 1926, to 5/25, 1926

that I last saw him alive on 5/23, 1926

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic Myocarditis

(duration) 10 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cellulitis of Neck

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? Yes Date of 5/22/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Sampson, M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Grove, Marysville, Pa

DATE OF BURIAL May 26, 1926

20 UNDERTAKER William Cook

ADDRESS 502 E. Madison Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10903

100-001

CERTIFICATE OF DEATH

E 10903

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: NO. 25-4 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Norton

(a) RESIDENCE NO. 120 Columbia Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals (Address)

15 Filed MAY 24 1926 H. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 23, 1926.

that I last saw h[illegible] alive on May 22, 1926

and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Findings

What test confirmed diagnosis?

(Signed) Harry [illegible] M. D.

5/20, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL May 25 1926

20 UNDERTAKER Robt J Turner (grr)

ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

10904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10904

CERTIFICATE OF DEATH.

46

1. PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor + Dukeland ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Beulah Smith

(a) RESIDENCE No. 640 W. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo H. Smith

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Edw McCleister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn

12 MAIDEN NAME OF MOTHER: Ellen Donaldson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo H Smith

(Address)

15 Filed MAY 24 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/15, 1926, to 5/20, 1926, that I last saw h alive on 5/20, 1926, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Multiple sarcoma

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber, M. D.

(Address) W. B. & A. Ry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL

UNDERTAKER: C. HAMPSON JONES, M

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10905
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

91-002 E 10905
REGISTERED NO.

CITY OF BALTIMORE: (No. 5207 Fernhill Ave. WARD) 28-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Ballard

(a) RESIDENCE No. 5207 Fernhill Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ballard

6 DATE OF BIRTH (month, day, and year) January 15, 1858

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (None) Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Charles Ballard
(Address) 5207 Fernhill Ave

15 Filed ..... 19 .....
24 1926 Per ..... Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1924, to May 23, 1926, that I last saw h[illegible] alive on May 11, 1926, and that death occurred, on the date stated above, at 10½ A. m.

The CAUSE OF DEATH* was as follows:

General debility. Senility

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Kurtz M.D.

5-24, 1926 (Address) 216 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 5/25 1926.

20 UNDERTAKER George J. Smith

ADDRESS 133 Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10906 E 10906

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Williams ST. 24-2 WARD)

2-FULL NAME Elizabeth Gauss

(a) RESIDENCE NO. 1519 Williams ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Gauss

6 DATE OF BIRTH (month, day, and year) Oct. 24th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Nicholas Tiemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Tuppen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. Gauss (Address) 1519 Williams st

15 Filed MAY 24 1926 HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to May 22, 1926, that I last saw h[illegible] alive on May 21, 1926, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows: Cardiac Disease - Salvarsan Encephalopathy etc

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Anasarca

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

, 19 (Address) 125 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 5/26 19

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1400 Battery ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10907

CERTIFICATE OF DEATH.

185

E 10907

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St., 10-S Ward)

2-FULL NAME Emma N. Ripken

(a) **RESIDENCE NO.** 912 Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds.) How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced. HUSBAND of ~~or WIFE~~ of Anna N. Ripken

6 DATE OF BIRTH (month, day, and year) July 6 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber

(b) General nature of industry, business, or establishment in which employed (or employer) Inspector

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER E. Ripken

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany Anna Ripken

14 Informant 912 Hanover

(Address) 912 Ripken

Filed 19 H. HAMPSON JONES, M. D.

MAY 24 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Cerv. Vertebra [illegible] fell from ladder

Duration of Epilepsy (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Few hours

(duration) yrs. mos. ds.

(Signed) H. T. Jones M. D.

(Coroner)

May 24, 1926 (Address) 1639 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial May 26 1926

20 UNDERTAKER Henry Hoen & Son ADDRESS 1301 E Eager

Spec.—1-10-21—M&T—1500 Bks.

E 10908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 10908
REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 E Balto ST., N-1 WARD)

2-FULL NAME Margaret Schmitt

(a) RESIDENCE No. 1743 E Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Schmitt

6 DATE OF BIRTH (month, day, and year): June 3 1846

7 AGE — Years: 79 — Months: 11 — Days: 19 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Schmitt.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schm.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Anna Schmitt
(Address) 1743 E. Baltimore St.

Filed MAY 24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22, 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to May 22, 1926, that I last saw her alive on May 21, 1926 and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. L. Pearson M. D.

May 24, 1926 (Address) 514 Druid Lane.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery. DATE OF BURIAL: May 25 1926

20 UNDERTAKER: Geo. F. Rueth ADDRESS 1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 10909

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-003

CERTIFICATE OF DEATH.

E 10909

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Ensor ST., 9-7 WARD)

2-FULL NAME Joseph Eugene Miller

(a) RESIDENCE No. 1537 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. 2 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan-26-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2 3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James E Miller

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) DC

12 MAIDEN NAME OF MOTHER Amanda Robinson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant COP Fortscheam

(Address) Johns Hopkins Hospital

Filed JUN 24 1926 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-22-1926

17

I HEREBY CERTIFY, That I attended deceased from Jan-26, 1926 to May-22, 1926,

that I last saw h alive on May 22, 1926,

and that death occurred, on the date stated above, at 10:50 Pm.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal meningitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Spina Bifida

(duration) yrs. 2 mos. 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) COP Fortscheam, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL 5/28/26

UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10910 31 E 10910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 173 ST. W. B. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand D. Morgan

(a) RESIDENCE NO. 1111 Binney ST. 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Catherine Morgan

6 DATE OF BIRTH (month, day, and year) Jan 29th 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 60

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Anderson Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Mary Burlage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Hospital Records

15 Filed ... 1926 C. HAMILTON JONES, M. D. Registrar

AY 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to May 23, 1926, that I last saw him alive on May 22, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs mos

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. McLane Jr M. D.

May 23, 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem DATE OF BURIAL May 26 1926

20 UNDERTAKER Lilly & Zeller ADDRESS 408 S. Mott

Spec.-1-10-21 M&T 1500 Blks.

E 10911 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10911

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (or B.) 2-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rolfe (Rolfs)

(a) RESIDENCE NO. 720 S. Bond St. ST., 3 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth Unknown mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Potter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Rolfs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Fieser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 21, 1926,

that I last saw him alive on May 21, 1926,

and that death occurred, on the date stated above, at 10.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) K. M. Koch, M. D.

5-21-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL May 24 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

MAY 24 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 10912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10912

CERTIFICATE OF DEATH.

27-6 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Ridgewood Road, St. Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Gregg Wellington

(a) RESIDENCE NO. 213 Ridgewood Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie T. Rogers

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... President

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Maryland Car

(c) Name of employer ..... Wheel Co.

9 BIRTHPLACE (city or town) ..... Boston
(State or country) ..... Mass.

PARENTS

10 NAME OF FATHER Joseph D. Wellington

11 BIRTHPLACE OF FATHER (city or town) ..... Troy
(State or country) ..... N. Y.

12 MAIDEN NAME OF MOTHER Julia Lothrop

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) ..... Mass.

14 Informant ..... Donald H. Sherwood
(Address) ..... 216 Wendover Road

15 MAY 24 1926 ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar
..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4 1925 to May 22 1926.
that I last saw him alive on May 22 1926.
and that death occurred, on the date stated above, at 10.25 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

(duration) 3 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 1924

Was there an autopsy? No

What test confirmed diagnosis? Duration + Clinical history —

(Signed) A. F. Robizzon, M. D.

5-24-1926 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 5/25 1926

20 UNDERTAKER: Henry W. Mears & Son

ADDRESS: 505 N. Calvert St.

Spec. 1-10-21—M&T—1500 Bks.

10913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10913

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO. 7-193

CITY OF BALTIMORE: (No. ..... ST., 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles B Cannady

(a) RESIDENCE NO. 337 S High St. ST. Jamestown & Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Foster

6 DATE OF BIRTH (month, day, and year) April 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58.	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Professor Music

(b) General nature of industry, business, or establishment in which employed (or employer) City Jr. Va 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Giles Cannaday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Sarah A -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va -

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

Via Penna R.R. Escort Fred Cannaday

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9th 1926, to May 24 1926, that I last saw h alive on May 24th 1926, and that death occurred, on the date stated above, at 5 52 a m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Thrombophlebitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? In Hospital.

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? yes (Blood Culture

(Signed) Ralph F. Bowers, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL East Hill Cem. Salem, Va. — DATE OF BURIAL 5/24, 1926

20 UNDERTAKER Henry W. Spears & Son — ADDRESS 205 N. Calvert

Spec.—8-24-14—M. & T.—2000 Bks.

E 10914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10914

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 9 Dennis ST.; 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Niesialowski

(Residence in Baltimore: No. 9 Dennis Ave Graceland Park St. 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, about 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): A H O

9-BIRTHPLACE, (State or Country), Poland.

PARENTS.

10-NAME OF FATHER, Joseph Niesialowski.

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julianna Niesialowski

(Address) 9 Dennis Ave Graceland Pk

15- C. HAMPSON JONES, M. D.

Filed ..., 1926 Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 (Month) (Day), 1926. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1925 191, to May 20 1926, that I saw him alive on , 1926, and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) A. G. Ferdon M. D.

5/24, 1926 (Address) 914 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, May 27, 1926.

20-UNDERTAKER M. F. Jackowski. ADDRESS 705 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10915

E 10915

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Volunteers of America Hospital

CITY OF BALTIMORE: (No.) W. Lexington St., (S.) 16-2 (WARD)

2-FULL NAME Jacob P. Metzger

(a) RESIDENCE NO. III Columbia Ave. Raspburg, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M (nee Forster)

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster.

(State or country) Pa.

PARENTS

10 NAME OF FATHER Emanuel S Metzger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Margaret Elliot

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Anna M. Metzger

(Address) III Columbia Av. Raspburg.

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

Per RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to May 22, 1926, that I last saw h[illegible] live on May 22, 1926, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Pyelo nephritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Stewart McClelland, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Pa. DATE OF BURIAL: May 25 1926

20 UNDERTAKER: Harry L Witzke ADDRESS: 1331 W Lex St

Spec.—1-10-21—M&T—1500 Bks.

E 10916 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10916

CERTIFICATE OF DEATH. X 123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kaihmi Flesch

(a) RESIDENCE NO. millsworth 2nd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of mrs. Flesch

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) maryland

PARENTS

10 NAME OF FATHER Fredrick Ames

11 BIRTHPLACE OF FATHER (city or town) (State or country) maryland

12 MAIDEN NAME OF MOTHER Thresa Lippman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant mrs. Hosp. Rubds (Address)

15 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-18-26 to 5-21-1926.

that I last saw her alive on 5-21-'26,

and that death occurred, on the date stated above, at 8:55 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

+ Cholelithiasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

localized Peritonitis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-19-'26

Was there an autopsy? no Removal of gall bladder

What test confirmed diagnosis? Exploratory operation

(Signed) Edwin W. Johnston, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 25 1926

20 UNDERTAKER Harry H. Nitzke

ADDRESS 1531 Hanlon St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10917

CERTIFICATE OF DEATH.

90 **E 10917**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2534 Edmondson Ave St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida May Sommers.

(a) RESIDENCE NO. 2534 Edmondson Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Frederick Sommers.

6 DATE OF BIRTH (month, day, and year): February 26- 1860

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
66	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house wife

(b) General nature of industry, business, or establishment in which employed (or employer): — 03

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Boyd.

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Devine

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: J. Frederick Sommers.

(Address): 2534 Edmondson ave.

MAY 24 1926 C. 19 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 22- 1926.

17 I HEREBY CERTIFY, That I attended deceased from January 25 1926, to May 22 1926; that I last saw her alive on May 21- 1926; and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) unknown yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

5-22-1926 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: May 25 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North Ave

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 10918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10918

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1 W. Wylie ave (ST.) 27-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Johnson.

(a) RESIDENCE NO. 1 W. Wylie ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1874

7 AGE: Years 52 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook at 021

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: St. Ambrose's Rectory

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER: John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): D C

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rev Wm F. Sauer

(Address) 1 W. Wylie ave

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21 1926, to May 23 1926, that I last saw h.er alive on May 23 1926, and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Chronic asthma

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

Nephritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Coroner

(Signed) Chas F. Claude M. D.

May 24 1926 (Address) 1500 McCulloh st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 5/25 1926

20 UNDERTAKER: Chas F. Naue & Son

ADDRESS: 1181 W. Royal ave

Spec.—12-9-25—A Co.—200 Bks.

E 10919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10919

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1634 Falls Rd St., 13-7 (Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George L Mann

(a) RESIDENCE NO. 1634 Falls Rd St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luella K Mann

6 DATE OF BIRTH (month, day, and year) Apr 19 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md

PARENTS

10 NAME OF FATHER Hamilton Mann

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Botts

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Luella K Mann

(Address) 1634 Falls Rd

15 Filed 2 4 1926, 19 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from September, 1925, to May 22, 1926, that I last saw him alive on May 21, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate with Metastasis in Liver

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs + X ray

(Signed) C. H. Jones, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Freeland Date of Burial May 27 1926

20 UNDERTAKER E. LeRoy Stiffler ADDRESS 1255 North ave

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 10920 · HEALTH DEPARTMENT—CITY OF BALTIMORE E 10920

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 14-1 WARD)

2-FULL NAME James Edward Clemons

(a) RESIDENCE No. 550 McMechen St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Clemons

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... O.K.O

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER John Clemons

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Kerr

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed 4 1926, 19 ... Per ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 5, 19 26 to May 21, 19 26, that I last saw him alive on May 21, 19 26, and that death occurred, on the date stated above, at 11.25 P. M.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Serological and Clini

(Signed) Arthur Redmond, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mont Auburn Cemy — DATE OF BURIAL May 25 1926

20 UNDERTAKER John F. Owens — ADDRESS 838 Dolphin St

Spec.—1-[illegible] M&T—1500 Bks.

E 10921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10921

CERTIFICATE OF DEATH.

65-002

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 26-5 ..... Ward)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Knorr

(a) RESIDENCE No. 712 S. Clinton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Knorr

6 DATE OF BIRTH (month, day, and year) Sept. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Anthony Knorr.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Hoch

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 4 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23rd, 1926, to May 21st, 1926, that I last saw h alive on May 21st, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) 3 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Paralysis from invasion of cord

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gland excision

(Signed) C. S. Keefer, M. D.

19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	May 25 1926

20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 10922

HEALTH DEPARTMENT—CITY OF BALTIMORE E 10922

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 Hollins ST. 70-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George R Miles

(a) RESIDENCE No. 2017 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Miles

6 DATE OF BIRTH (month, day, and year) Oct 29-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	73	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railways & Elec Co

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Robert Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant George Miles Jr (Address) 2017 Hollins St

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Per ..... Registrar

5 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to May 22, 1926, that I last saw him alive on May 22, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G E Brayton, M. D.

5/24 1926 (Address) 3016 Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL May 25 26

20 UNDERTAKER Thos Cook — ADDRESS 502 E North Ave

THIS is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Stamules .

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10923 101-001 **E 10923**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. No 7 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mike Stancoulis

(a) RESIDENCE NO. 415 So. 14th St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant E. Stataraposglan

(Address) 415 S 14th St

15 Filed MAY 25 1926, 19 C. HAMPSON JONES, M. D. Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23-1926

17

I HEREBY CERTIFY, That I attended deceased from 5-9-, 1926, to 5-23-, 1926, that I last saw him alive on 5-23-, 1926 and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cellulitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) H. V. Bryant M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL May 25 19 26

20 UNDERTAKER J. W. Ozazewski

ADDRESS 1980 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10924

CERTIFICATE OF DEATH.

90 E 10924

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 W Lombard ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Zelner

(Residence in Baltimore: No. 709 W Lombard St.; 40+ yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, W

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (~~Write the word.~~) W

6-DATE OF BIRTH, ..., 1855
(Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Lithuania

PARENTS.

10-NAME OF FATHER, Charles Kartovicius

11-BIRTHPLACE OF FATHER (State or Country). Lithuania

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Zelner

(Address) 709 W Lombard St.

15- Filed MAY 25 1926 191.. Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 22 (Day), 1926. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-2-1926, to 5-22-1926, that I saw her alive on 5-21-1926, and that death occurred, on the date stated above, at 10.30 A.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Cardio renal ~~or~~ insufficiency

..... (Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) yrs. mos. 20 ds.

(Signed) S. D. Emanuel M. D.

5-24-1926 (Address) 1606 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, May 25, 1926

20-UNDERTAKER Chas. B. Kuchanska

ADDRESS 637 S. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10925 E 10925

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Evelyn Loane

(a) RESIDENCE NO. 3812 Packard Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): married

5a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of J Turner Loane

6 DATE OF BIRTH (month, day, and year) Sept 12 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	—	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Tallock G Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER L V Davis

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Turner Loane

(Address) 3812 Packard Ave

15 Filed ... 19 ... Registrar

MAY 25 1926 HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-7 —, 1926, to 5-24, 1926,

that I last saw her alive on 5-24, 1926,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection after Abortion (Spontaneous)

Toxemia.

(duration) yrs. mos 39 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? B+C 4-15-26

Did an operation precede death? Date of 5-12-26

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) Francis T. Ellis, M. D.

5/25 1926 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: May 26 1926

20 UNDERTAKER: Henry Jenkins & Son Co

ADDRESS: Cathedral & Mt Vernon Pl

How to fill very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Zerwitz

10926 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10926

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Madison Ave ST. 13-6 WARD)

2-FULL NAME Mrs. Mollie Schraga Zerwitz

(a) RESIDENCE NO. 2333 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. — ds. How long in U. S., if of foreign birth? 1 yrs. 8 mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Zerwitz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Gerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Zerwitz (Address) 2333 Madison Ave

15 Filed 5 25 1926 C. HAMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-20, 1926, to 5-24, 1926,

that I last saw he alive on 5-24, 1926,

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Cardiac Hypertrophy & Dil—

?

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of —

Was there an autopsy? NO —

What test confirmed diagnosis? Clin Signs + Symp

(Signed) H. Petty Selig M. D.

5/24 1926 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rikers Rosedale	5/20 1926
20 UNDERTAKER	ADDRESS 1127 E Baltimore
Sol Levinson Bro	

NOW is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10927

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 10927

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3630 Old York Road ST., 9-1 WARD)

2-FULL NAME Mary E. Cummings

(a) RESIDENCE No. 3630 Old York Road ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2nd, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Lewis Cummings

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md

12 MAIDEN NAME OF MOTHER Amanda King

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant W. W. Gilbert
(Address) 3630 Old York Road

15 Filed 2 5 1926 G. HAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 22 1926 to May 24 1926,

that I last saw her alive on May 24 1926,

and that death occurred, on the date stated above, at 12.25 A. m.

The CAUSE OF DEATH* was as follows:

Arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch. bronchitis non tuberculous (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? XRay

(Signed) Jno. Dorsey Thomas, M. D.

4/25 (Address) 330 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 27th, 1926

20 UNDERTAKER Putnam & Love — ADDRESS 723 W. Lafayette Ave

Note—Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10928

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 10928

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JohnsHopkins Hospital St., 1-1 Ward)

2-FULL NAME John H. Sapp

(a) RESIDENCE NO. 505 S. Collington Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Mar 18/21

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Sapp

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Chessie E. Adams

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Elizabeth Moore

(Address): 505 S. Collington Ave

Filed MAY 25 1926 HAMPSON JONES M. D.

By _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-Struck by automobile

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Accident

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. T. Polan, M. D.

(Coroner)

(Address) 508 E. North Ave

5/24/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — Date of Burial: 5/25/26

20 UNDERTAKER: Philip Hennig — ADDRESS: 2616 Orleans

very important. See instructions on back of certificate. — Name, residence and OCCUPATION is

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10929

CERTIFICATE OF DEATH.

41 E 10929

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST., 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sophia Moore

(a) RESIDENCE NO. 1621 E. 30 St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. H. Moore

6 DATE OF BIRTH (month, day, and year) Jan. 10 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William H. Kirwan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mr. Chas. H. Moore

(Address) 1621 E 30 St.

15 Filed MAY 25 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to May 22, 1926, that I last saw her alive on May 22, 1926, and that death occurred, on the date stated above, at 1:57 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Local Infection of Auricle of ear

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical, Laboratory

(Signed) Chas. W. Dorsey Jr., M. D.

May 22. 1926 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 5/25 1926

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E. Baltimore

NOTICE—This is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

E 10930

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3002 Dillon St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Simmons

(a) Residence No. 3002 Dillon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Simmons

6-DATE OF BIRTH (month, day and year): June 24 - 1868

7-AGE: 57 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Oil Cloth

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): City

PARENTS.

10-NAME OF FATHER: Michael Simmons

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Hayes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-

(Informant): Margaret Simmons

(Address): 3002 Dillon St

15-

Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 24 26

17- I HEREBY CERTIFY, That I attended deceased from May 20 1926, to May 24, 1926

that I last saw him alive on May 23, 1926

and that death occurred, on the date stated above, at 12.40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Inferior Maxillary

Right Middle.

(Duration) yrs. mos. 55 ds.

CONTRIBUTORY (Secondary): Extra Astrow

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Phy. Findings

(Signed) Jno. Clinton Blades, M. D.

May 24 1926 (Address) 143 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: 5/27/ 1926

20-UNDERTAKER: J. J. Moran

ADDRESS 3000 E. Baltimore

HARRISON JONES M

MAY 25 1926

Cor.—1-12-23—M&T—100 Bks.

E 10931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Calvert St., 11-3 Ward)

REGISTERED NO. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Verity

(a) RESIDENCE NO 731 N. Calvert St. (Temporary) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ?
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ... (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country)

14 Informant W. F. Riley (Address) 1639 N. Broadway

15 Filed 2 5 1926 192 ... Registrar

Per ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: accidental ~~Suicidal~~

Carbon monoxide poisoning and heart disease Pulmonary

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) ... yrs. ... mos. ... ds.

(Signed) W. F. Riley, M. D. (Coroner.)

May, 192 6 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	5/25/1926
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1938 E. Lafayette Ave

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 10932

CERTIFICATE OF DEATH.

E 10932

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 943 S Paca St., 21 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R Peacock

(a) RESIDENCE NO. 943 S Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Peacock

6 DATE OF BIRTH (month, day, and year) 2-12-1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balt Co

9 BIRTHPLACE (city or town) Balto Co

(State or country)

PARENTS

10 NAME OF FATHER John Peacock

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emmaline Peacock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany Md

14 Informant Mary Peacock Wife

(Address) 943 S Paca St.

15 Filed 1926 C. LEMPSON JONES

25 1926 For RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Arrhythmia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. mos. ds.

(Signed) Raymond S Brashears M. D.

(Coroner)

192 (Address) 3325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial May 25 1926

20 UNDERTAKER Margaret J. Flynn ADDRESS 1477 Light

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10933 90 **E 10933**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2087 Franklin St., 41-2 Ward)

2-FULL NAME John H. Williams

(a) RESIDENCE NO. 208 W Franklin St. Ward

(Usual place of abode) unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1855

7 AGE: Years: about 40 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: retired soldier
(b) General nature of indnstry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant W. J. K. Dashiell
(Address) Emma Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Norris M. D.
(Coroner)
5/21, 19 26 (Address) 2552 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Hill Cem. Date of Burial 5/25 19 26

20 UNDERTAKER: H. Oakley Evans ADDRESS 1318 Light St.

MAY 25 1926

very important. See instructions on back of certificate.

Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10934 E 10934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 70-5 X49 REGISTERED NO.

CITY OF BALTIMORE: (No. ST WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ida Hendrickson

(a) RESIDENCE NO. Frederick Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-20- 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Ephraim Hendrickson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Celia R Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Rupert Nolton

(Address) 1029 N Calvert St Baltimore Md

15 Filed MAY 25 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926, to May 25, 1926, that I last saw her alive on May 24, 1926 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Colloid goitre with malignant degeneration and extension into mediastinum (Lymphosarcoma) (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory obstruction (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Partial Thyroidectomy Date of Mar. 1, 1926

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Pathological

(Signed) Geo. D Lippey, M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rentana Frederick Co Md

DATE OF BURIAL 5/29 1926

20 UNDERTAKER C C Canty

ADDRESS Frederick Md

Spec.—1-10-21 M&T 1500 Bks.

E 10935 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10935

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Green

(a) RESIDENCE NO. 608 N. Lamsdale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Green

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Upton Green

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Martha Green

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Baltimore City Hospitals
(Address) Baltimore Md

Filed MAY 25 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to May 23, 1926, that I last saw him alive on May 23, 1926, and that death occurred, on the date stated above, at 11:15 a m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia (cerebral hemorrhage)

(duration) yrs. Hours (History)

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

5/27/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aquasco Md.

DATE OF BURIAL May 26 1926

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pleasant

TION is very important. See instructions on back of certificates.

E 10936 OF DEATH

101-001 EV 10936

STATE OF MARYLAND

CERTIFICATE OF DEATH

County

Registration Dist. No.

Village or City Balto. City (No 28 Roland Ave. St. (Ward) 27-6

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maggie Hutton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April 22, 1909 (Month) (Day) (Year)

7 AGE: 17 yrs. 1 mos. 1 da. If LESS than 1 day ... hrs. or ... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business, or establishment in which employed or (employer): 070

9 BIRTHPLACE (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: John Hutton

11 BIRTHPLACE OF FATHER (State or country): N. Carolina

12 MAIDEN NAME OF MOTHER: Elva Bright.

13 BIRTHPLACE OF MOTHER (State or country): Va

I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elva Hutton

(Address) 28 Roland aven

15 Filed MAY 25 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 23, 1926 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 19 1926, to May 23, 1926, that I last saw h[illegible] alive on May 23rd, 1926, and that death occurred on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 da.

Contributory Secondary

(Duration) yrs. mos. da.

(Signed) A. Mace Williams M. D.

5-24 1926 (Address) 4 30 Medway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... da. In the State, ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Gloucester Co Va

DATE OF BURIAL: May 25, 1926

20 UNDERTAKER: Mas Jas. H. Dennis Jan T & Klein

ADDRESS: 1303 Reedsman

If more blanks are needed, address State Registrar at W. [illegible] St., Balto., Requesting V. S. No. 1.

AMENDMENT OF OCCUPATION is very important. See instructions on back of certificate.

E 10937

Sq. 12 [illegible] Bks.—400 Bks.

E 10937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 537 Fawn Ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Allen Nichols

(a) Residence No. 537 Fawn Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. C

5-Single, Married, Widowed, or Divorced. (Write the word.) W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 1-1862

7-AGE. 63 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). 040

(c) Name of employer. Baugh & Sons

9-BIRTHPLACE (city or town) (State or Country), Talbot Co Md

PARENTS.

10-NAME OF FATHER, Hanson Nichols

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Talbot Co Md

12-MAIDEN NAME OF MOTHER, Mary Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Talbot Co Md

14- (Informant) Florence Thomas

(Address) 537 Fawn Ave St

15- MAY 25 1926 C. HAMPSON JONES, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 19 1926 to May 23 1926

that I last saw h[illegible] alive on May 23 1926

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis +

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 or 3 yrs. yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Physical Exam

What test confirmed diagnosis?

(Signed) Wm H Wright M. D.

May 25, 1926 (Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel cemetery	May 27, 1926
20-UNDERTAKER.	ADDRESS
Mrs Jas. H. Dennis Asst. to Edelson	305 Preston St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 10938

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 W. 25th " St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia R Heavey

(a) Residence No. 13 W. 25 St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, ~~Divorced~~ (Write word)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1862 July 4

7-AGE 63

64 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Bookkeeper

(c) Name of employer..... Shapiro Bros

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Andrew E Heavey

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, Catherine Tobey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14-

(Informant) Cecelia Heavey

(Address) 13 W. 25 sts.

15-

MAY 25 1926 192 C. HAMPSON JONES, M. D.

Per K K Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 23/926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1925 to May 23 1926

that I last saw her alive on May 23 1926

and that death occurred, on the date stated above, at 7.44 p.m.

THE CAUSE OF DEATH* was as follows:-

Chronic Nephritis + Myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY Cerebral apoplexy -

(Secondary) Uremia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmit M. D

May 25 1926 (Address) 701 Hollywood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL, 5/26/1926

20-UNDERTAKER, Mary M. Riedefeld

ADDRESS 501 E. 22nd St

INSTRUCTIONS on back of Certificate.

Cor.—1-12-23—M&T—100 Bks.

E 10939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10939

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 E. Fayette St ST., 6-2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bailey Berman

(a) RESIDENCE No. 1906 E. Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Berman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant David Berman (Address) 1906 E Fayette St

15 Filed MAY 25 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Chronic Nephritis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. H. Collier M. D. (Coroner.)

5-25, 192 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Benevolent Assn DATE OF BURIAL 5/25 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 10940

REGISTERED NO.

E 10940 OF DEATH

City of BALTIMORE: (No. Gwynns Falls St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jenkins

(a) RESIDENCE NO. 927 Broadwell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C Jenkins

6 DATE OF BIRTH (month, day, and year) July 6 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sanitary Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER James Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Armstrong

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Emma Jenkins

(Address) 927 Broadwell Ave

15 Filed MAY 25 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Paresis

(duration) .....yrs. .....mos. .....ds.

(Signed) Maurice F Linthicum (Coroner)

, 19 25 (Address) 33 W Pat Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial 5 27 1925

20 UNDERTAKER Emanuel H Buckley ADDRESS 50 Bond St

If the space in each item is not sufficient for the full answer, add the additional facts at the end, designating the item to which they belong. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-1921—M&T—1500 Blks.

1921 E 10941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10941

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME William R. Grace

(a) RESIDENCE NO. Keatchie La ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Winnie M. Hall

6 DATE OF BIRTH (month, day, and year) January 21-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~	56	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) La - (State or country)

PARENTS

10 NAME OF FATHER Robert Hall

11 BIRTHPLACE OF FATHER (city or town) Ire - (State or country)

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) Ala - (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 25 1926 H. HAMPSON JONES, M. D.

By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1926, to May 25, 1926, that I last saw him alive on May 25, 1926, and that death occurred, on the date stated above, at 12.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate c metastases to L. Femur.

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Louisiana.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Microscopic & Blood urea

(Signed) Ralph T. Bowers, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keatchie, La — DATE OF BURIAL May 27 1926

20 UNDERTAKER Wm J. Tickner & Sons — ADDRESS Ft La

ATTENTION is very important. See instructions on back of certificates. Each statement may be the property of the undertaker. Exact statement of occupa-

Spec.—1-10-21 – M&T – 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10942
REGISTERED NO.

1-PLACE OF DEATH E 10942
BALTIMORE CITY HOSPITALS
CITY OF BALTIMORE: (No. H-1 ST.) (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Dailey

(a) RESIDENCE No. 604 W. Redwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX. Male

4 COLOR OR RACE. White

5 Single, Married, Widowed, or Divorced, (write the word). Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	69 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) NG

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Joseph Dailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Katharine Tall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed MAY 25 1926 HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to May 22, 1926,
that I last saw him alive on May 22, 1926,
and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Unresolved broncho-pneumonia (duration) yrs. 1 (History) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Keller, M. D.

5/23/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
MAY 25 1926
Commissioner Health

IMPORTANT—Physician or person in charge of case must fill out properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21- M&T—1500 Bks.

E 10943 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10943

CERTIFICATE OF DEATH.

1/01-001

1-PLACE OF DEATH Md. Gen'l Hosp.

CITY OF BALTIMORE: (No. 27-5 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gardner

(a) RESIDENCE NO. 327 Belvedere Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): May 25/26

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or 3a min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ Child

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Irvin H. Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Charlotte Wehrmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. Charlotte Gardner

(Address) 327 Belvedere Ave

15 Filed 25 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/25/26 2:35 am, 19 to 5/25/26 3:05 am, 19, that I last saw him alive on 5/25/26, 19, and that death occurred, on the date stated above, at 3:05 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. W. Chamberlain M.D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: May 26 1926

20 UNDERTAKER: W. M. Routson ADDRESS: 2230 N. Mtt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of COD 10th REVISION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 10944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10944

CERTIFICATE OF DEATH.

66

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1012 Stiles St St. 3-1 Ward)

2-FULL NAME John Harry Esler

(a) RESIDENCE NO. 1012 Stiles St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 8 mos. ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Esler

6 DATE OF BIRTH (month, day, and year): September 10 1881.

7 AGE: Years 44. Months 8 Days 13 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: Farmer for City

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: John Esler

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Cecelia Hamill

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md.

14 Informant: Amelia Esler

(Address): 1012 Stiles St.

15 Filed 25 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 23 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1926, to Aug 22, 1926, that I last saw h[illegible] alive on Aug 22, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ....yrs. ....mos. 6 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? ....Date of....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos L. Schutz M. D.

, 19 (Address) 14 So Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer — Date of Burial: May 26 1926

20 UNDERTAKER: Wendell L Lippel — ADDRESS: 37 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10945

CERTIFICATE OF DEATH.

91-002

E 10945

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5024 Reisterstown Rd St., (27-B WARD)

2-FULL NAME Annie M. Bishop

(a) RESIDENCE NO. 5024 Reisterstown Rd St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND or (or) WIFE of: John L Bishop.

6 DATE OF BIRTH (month, day, and year): Sept 13 1840

7 AGE — Years: 85 Months: 8 Days: 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co.

PARENTS

10 NAME OF FATHER: Thomas Peacock

11 BIRTHPLACE OF FATHER (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Eliza Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Co.

14 Informant (Address): Mr Samuel R Peacock 5024 Reisterstown Rd

15 Buried 19 Per C. HARRISON SONS, Inc. Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 24, 1926, that I last saw h alive on May 23, 1926, and that death occurred, on the date stated above, at 12 . m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examn

(Signed) C. B. Emmor, M. D.

5-25 1926 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Balto Co

DATE OF BURIAL: May 26 1926

20 UNDERTAKER: A S Marshall

ADDRESS: 3539 Fall Rd

MAY 26 1926

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

Oleshko

Coroner Notified

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10946

E 10946

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Oleshko

(a) RESIDENCE NO. 131 S. Spring ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) No 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	37	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russian

PARENTS

10 NAME OF FATHER Daniel Oleshko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian

12 MAIDEN NAME OF MOTHER No

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian

14 Informant Andrew Seach

(Address) 131 S Spring Street

15 Filed 5-26-1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-23, 1926, to 5-25, 1926,

that I last saw h[illegible] alive on 5-25, 1926;

and that death occurred, on the date stated above, at 4:40 p.m.

The CAUSE OF DEATH* was as follows:

1. Ruptured Spleen

2. Injected Stomach No

3. Injected Intestines ? No

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 27. 1926
20 UNDERTAKER	ADDRESS
John Grebliauckas & G 423	S Paca St.

CAUSE OF DEATH MUST BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10947

CERTIFICATE OF DEATH

10947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 739 (Street) Bartlett av (Ward) 4-4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patient Rosenthal

(a) RESIDENCE NO. 739 (Street) Bartlett av (Ward) .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. Life ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 22 1926

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) 739 Bartlett ave Balto. Md

PARENTS

10 NAME OF FATHER Maurice Rosenthal

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country) Md.

12 MAIDEN NAME OF MOTHER Margt. R. Riehl

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mrs Margt R. Riehl
(Address) 739 Bartlett ave.

15 Filed MAY 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to May 22, 1926, that I last saw him alive on May 22, 1926 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Prolapse of Umb. Cord.
Resuscitation after 2 hrs.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Prolonged Labor, Breech Pres.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Ed Smith, M. D.

May 23 1926 (Address) 1625 W Mt Royal ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 5/28 1926

20 UNDERTAKER: Jacob Jones — ADDRESS: 1439 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10948

CERTIFICATE OF DEATH.

31 E 10948

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 E. Lanvale St., 8-2 Ward)

2-FULL NAME Margareth. M. Murphy.

(a) RESIDENCE NO. 1506 E Lanvale St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas F. Murphy.

6 DATE OF BIRTH (month, day, and year): Dec 16 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48 Years.	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Connally.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary McGreevy.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland.

14 Informant Thomas F. Murphy.

(Address) 1506 E Lanvale St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

JAN 26 1926 Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Some years, 19..... to May 24, 19 26,

that I last saw h[illegible] alive on May 24, 19 26,

and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH was as follows:

Cerebritis

Pulmonary tuberculosis

Some months (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

..... (duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W T Riley, M. D.

May 25 1926 (Address) 1099 Bens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. Date of Burial: 5 27 1926

20 UNDERTAKER: George F. Pulte ADDRESS: 1735 Harford Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Claude T. Dressel

E 10949 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10949

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Brentwood ave ST., 10-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude T. Dressel

(a) RESIDENCE No. 1214 Brentwood ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Della. Dressel.

6 DATE OF BIRTH (month, day, and year): May 31/1875

7 AGE: Years 50 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pottery

(b) General nature of industry, business, or establishment in which employed (or employer): Ohio.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Glen Rock. Penn.

PARENTS

10 NAME OF FATHER: John C. Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Glen Rock. Pa.

14 Informant: Mrs. Della Dressel
(Address): 1214 Brentwood ave

15 Filed MAY 26 1926. 19 ..... C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 12, 1926, to May 22, 1926, that I last saw h. alive on May 16, 1926 and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 9 mos ..... ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Eugene J. Legard, M. D.

. 19 (Address) 200 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: May. 26 1926

20 UNDERTAKER: Geo. J. Roth — ADDRESS: 1735 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Francis X. Purzer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10950

E 10950

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 E 21st St ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis X. Purzer

(a) RESIDENCE NO. 719 E 21 St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Purzer

6 DATE OF BIRTH (month, day and year) August 2, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	82	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Catherine Rainey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Frank Purzer

(Address) 719 E 21st St

15 Filed MAY 26 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 19 26 to May 24, 19 26

that I last saw him alive on May 21, 19 26

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

1 Ethal Regurgitation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Cardiac Dilation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. Hampson Jones M. D.

(Address) 1002 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	May 26 1926
20 UNDERTAKER	ADDRESS
Jos J. Herrston	156 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10951

E 10951

CERTIFICATE OF DEATH.

44

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Crystal Ave ST., 8-3 WARD)

2-FULL NAME Leonard A George

(a) RESIDENCE NO. 1713 Crystal Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia E. George

6 DATE OF BIRTH (month, day, and year): June 3 1886

7 AGE: Years 39 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Picture Frame Designer

(b) General nature of industry, business, or establishment in which employed (or employer): 615

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George - George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Buckner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amelia E. George
(Address) 1713 Crystal Ave

15 Filed MAY 26 1926, 19 ..... C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925 to May 23 1926
that I last saw h alive on May 23 1926
and that death occurred, on the date stated above, at 8-59 m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Obstruction of Bowel
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/26/24

Was there an autopsy? No

What test confirmed diagnosis? microscopic exam of stomach

(Signed) Edward J Cook M. D.

5/23, 1926 (Address) 4136 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 26 1926

20 UNDERTAKER: Wm T. Miller & Son — ADDRESS: 2337 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.' See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-002

10952

CERTIFICATE OF DEATH.

E 10952

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 22-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Lewis Tompkins

(a) RESIDENCE NO. 10 Longwood Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Harcourt

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 47 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: accountant

(b) General nature of industry, business, or establishment in which employed (or employer): self

(c) Name of employer

9 BIRTHPLACE (city or town): N. Y.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): J. H. Tompkins

14 Informant: Blanche H. Tompkins

(Address): 10 Longwood Road

Filed MAY 26 1926 H. Hanson Jones, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 13. 1926, to May 24, 1926, that I last saw h.im alive on May 24, 1926, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis Left Os Calcis

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Probable) Cerebral Embolus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 16/26

Was there an autopsy? Yes. Partial

What test confirmed diagnosis? Clinical findings

(Signed) George Bovie, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial May 26 1926

20 UNDERTAKER: John O. Mitchell ADDRESS 1501 W. Lafayette St.

IF DEATH OCCURRED FROM VIOLENCE, STATE WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL. STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10953

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 10953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 562 Greenmount Ave Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Johnson

(a) RESIDENCE NO. 562 Greenmount Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Ridley

6 DATE OF BIRTH (month, day, and year): about 1879

7 AGE: Years 49 Months Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs. Pearl Johnson

(Address) 562 E. Greenmount Ave

15 Filed....., 19..... Registrar

MAY 26 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest, autopsy or inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyaemic Staph. Abscess

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) .....yrs. .....mos. 5 ds.

(Signed) H. J. Johnson, M. D.

(Coroner)

May 24 19 26 (Address) 701 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: May 26, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10954

CERTIFICATE OF DEATH.

66 E 10954

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 n Curley St., 6-3 Ward)

2-FULL NAME Mary Margaret Allender

(a) RESIDENCE NO. 35 n Curley St. ____ Ward 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E. Allender.

6 DATE OF BIRTH (month, day, and year): Oct 14, 1884

7 AGE: Years 41 | Months 7 | Days 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): Ireland.

(State or country)

PARENTS

10 NAME OF FATHER: Frank Roache

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridg. Comer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Walter G. Harden.

(Address) 35 n Curley

Filed MAY 26 1926 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 24-1926.

17 I HEREBY CERTIFY, That I attended deceased from May 10 26, to May 24 26,

that I last saw him alive on May 24, 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ___ yrs. ___ mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) J. Ross Snyder, M. D.

May 25 19 26 (Address) 938 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Charles, Catonsville — Date of Burial: May 27 1926

20 UNDERTAKER: J. W. Cook — ADDRESS: 502 E Lath Ave.

Spec.—12-9-25—A Co.—200 Bks.

Dr Snyder, 1634 E. Balto St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10955

31

E 10955

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 N. London Ave St., 20-1 Ward)

2-FULL NAME Adolph Roman

(a) RESIDENCE NO. 523 N. London Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Roman

6 DATE OF BIRTH (month, day, and year): Nov 12, 1879

7 AGE: Years 46; Months 5; Days 12; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Co Co

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Adolph Roman

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Matilda Schuh

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Md

14 Informant: Sarah E. Roman

(Address): 523 North London Ave

15 Filed_____, 19_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18 1925, to May 31st 1926, that I last saw him alive on May 21st 1926, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy?_____

What test confirmed diagnosis? Phys Exam Laboratory

(Signed) Samuel Snyder, M. D.

, 19 (Address) 1634 E Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: May 27 1926

20 UNDERTAKER: Wilburn Cook — ADDRESS: 502 E Balto St

MAY 28 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Jablonski

Spec.—1-10-21—M&T—1500 Bks.

E 10956 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 10956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Fait Avenue St., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Jablonski

(a) RESIDENCE NO. 2611 Fait Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) May 25, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Jablonski.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Rozwinski

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Frank Jablonski (Address) 2611 Fait Ave

15 Filed MAY 26 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 25, 1926, that I last saw her alive on May 25, 1926 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Accident & Pneumonia; Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Atelectasis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James Marston M. D.

5/26, 1926 (Address) 1103 N. Charles.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus DATE OF BURIAL May 26 1926

20 UNDERTAKER J. W. Ozazewski ADDRESS 1930 Eastern Ave

C. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10957

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 E. 30th ST., 9th WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Martin

(a) RESIDENCE NO. 1930 E 30 St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Martin

6 DATE OF BIRTH (month, day, and year): June 20, 1849

7 AGE: Years 76 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Penna

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. C. Perkins (Address): 1930 E. 30th St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MAY 26 1926 K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 22, 1926, that I last saw h[illegible] alive on May 22, 1926 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from Contributory (duration) Over yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) G. H. Cushman, M. D.

May 25 19 26 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: May 26 19 26

20 UNDERTAKER: E. J. Fanning & Son — ADDRESS: 1930 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-PATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10958

CERTIFICATE OF DEATH.

89 E 10958

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 St Monroe ST., 15-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Rotaw

(a) RESIDENCE No. 1636 St Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Helen E. Rotaw

6 DATE OF BIRTH (month, day, and year): Nov. 20 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Government

(c) Name of employer: Baltimore Md

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. Rotaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Sarah Jane Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Helen E. Rotaw

(Address): 1636 St Monroe St

15 Filed MAY 26 1926 19.. K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAY 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 26 to May 24" 19 26

that I last saw him alive on May 24" 19 26

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

Heart (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. F. Duvall, M. D.

19 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Mt Olivet

DATE OF BURIAL: MAY 27 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: 2700 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10959

E 10959

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702-Park-Av. ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Shepherd Irvin

(a) RESIDENCE NO. 1702-Park-Av. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? 70 yrs. 3 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (single)

6 DATE OF BIRTH (month, day, and year) Feby-19-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. W. Irvin

11 BIRTHPLACE OF FATHER (city or town) New Castle

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Eliza DeLacour

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Eliza DeLacour Irvin

(Address) 1702-Park-Av., City.

15 Filed MAY 26 1926, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5th, 1926, to May 24th, 1926, that I last saw her alive on May 24, 1926, and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Terminal infection Typhoid)

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. K. Wm Asst M. D.

525, 1926 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May-26-1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta... TION is very important. See instructions on back of certificates.

Spec.—1-1921—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10960

CERTIFICATE OF DEATH.

E 10960

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 10-W WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Johnson

(a) RESIDENCE No. 1030 E. Monument ST., ... WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va -

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Lucy Robinson

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 26 1926, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1926, to May 25, 1926, that I last saw her alive on May 25, 1926, and that death occurred, on the date stated above, at 8 45 a. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis following ruptured appendix & Complicated Uremia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) 4 yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 16, 1926

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chester S Keefer M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burtons Va

DATE OF BURIAL 5/27/ 1926

20 UNDERTAKER Mrs Edward L. Bailey

ADDRESS 1421 Jefferson St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 10961

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 10961

1-PLACE OF DEATH

City of BALTIMORE: (No. 2833 W. North Ave St. 15-9 Ward)

2-FULL NAME Horace Colston McCarty

(a) RESIDENCE NO. 2833 W. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Ella P. McCarty

6 DATE OF BIRTH (month, day, and year): Sept. 29, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Virginia

PARENTS

10 NAME OF FATHER Ovid Downman McCarty

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Martha Hill McCarty

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia.

14 Informant Dr. H. O. McCarty

(Address) 37 W. Preston St.

15 Filed ..... 19 ..... Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 25, 1926

that I last saw him alive on May 25, 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Arterio-sclerosis.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Frank N. Ogden, M. D.

, 19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: May 27, 1926

20 UNDERTAKER: Harry W. Ehlen ADDRESS 1944 W. North Ave

Use ink. Do not use lead pencil. Supply all items. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 10962
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 10962
REGISTERED NO.

City of BALTIMORE: (No. 142 Patapsco av St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addison Arnold Wallace

(a) RESIDENCE NO. 142 Patapsco av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 9/923

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	3	3	17.15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nothing
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Wallace
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER Isabelle Hughes
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Joseph Wallace
(Address) 142 Patapsco av

15 Filed ..... 19 .....
C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
May 24th 1926

17
I HEREBY CERTIFY, That I attended deceased from May 23-24. 1926, to May 24th, 1926,
that I last saw him alive on May 24, 1926,
and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Acute Double Lobar Pneumonia

(duration) .....yrs. .....mos. 3 .....ds.

CONTRIBUTORY —
(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted
If not at place of death? At home
Did an operation precede death? no Date of —
Was there an autopsy? no —
What test confirmed diagnosis? Physical findings
(Signed) C. E. Nicholas, M. D.
, 19 (Address) Parkville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Baltimore Md Date of Burial May 26/1926

20 UNDERTAKER Daniel Easton ADDRESS Same 9/6

IMPORTANT. Each question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1 10 21 M&T 1500 Bks.

E 10963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 10963

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Co. St. 5-1/ Hospital WARD 1.D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Owens

(a) RESIDENCE NO. 109 N Front St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	30 ~~1896~~			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn (State or country) N. Y.

PARENTS

10 NAME OF FATHER John Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S. A.

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn (State or country) N. Y.

14 Informant Hosp Records (Address)

15 Filed MAY 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1926, to May 23, 1926, that I last saw him alive on May 22, 1926, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. O. McClane Jr. M. D.

May 23, 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potters Field Cemetery

DATE OF BURIAL 5/26 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—2500 Blks.

E10964 HEALTH DEPARTMENT—CITY OF BALTIMORE E10964

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Hoffman

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie Wanniawek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospital Records (Address)

15 Filed MAY 26 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from January 12, 1926, to May 24, 1926, that I last saw him alive on May 23, 1926, and that death occurred, on the date stated above, at 7-20 P.M.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith, M. D.

May 25 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 5/28 1926

20 UNDERTAKER 88 Fahey Bros — ADDRESS 1315 E. Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10965

10965

CERTIFICATE OF DEATH.

× 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey J. Wantz

(a) RESIDENCE NO. Westminster ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Noah P. Wantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary Humbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14

Informant

(Address) Hospital Records.

Filed MAY 25 1926 HAMPSON JONES, [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-26 19

17

I HEREBY CERTIFY, That I attended deceased from May 8 , 19 26 , to May 26 , 19 26 ,

that I last saw h alive on May 26 , 19 26 ,

and that death occurred, on the date stated above, at 5 45 Am.

The CAUSE OF DEATH* was as follows:

Bronchis pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Appendicial Abscess - Peritonitis

Intestinal Obstruction (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? Yes Date of 5-18-26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. E. Lemmon, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Krider's Westminster md — DATE OF BURIAL: 5/29 1926

20 UNDERTAKER: H Bankard & Son — ADDRESS: Westminster Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10966

CERTIFICATE OF DEATH.

129 E 10966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 404 E. Randall St., 24-2 Ward)

2-FULL NAME Margaret E. Green

(a) RESIDENCE NO. 404 E. Randall St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Green

6 DATE OF BIRTH (month, day, and year): Feb. 14 1843

7 AGE — Years: 83 | Months: 3 | Days: 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Thos. Duvall

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Rebecca Lilly

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Mrs. Walter Winks

(Address): 404 E. Randall St.

15 Filed: 6 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2/1926, 19..., to May 25/26, 19..., that I last saw him alive on May 20/26, 19..., and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Nephritis

Renal Kidney (duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension

Renal Kidney (duration) ...yrs. 5 mos. ...ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Int

(Signed) Henry B. Kolb, M. D.

(Address) 1 W. Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oella Md. Date of Burial: May 28 1926

20 UNDERTAKER: Wm. J. Tickner & Sons ADDRESS: Norfolk Va

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

6 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10967

E 10967

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1840 W. Balto. St. 20-5 Ward)

2-FULL NAME John J. Linney

(a) RESIDENCE. No. 1840 W. Balto St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Kate Linney

6 DATE OF BIRTH (month, day, and year) Jan 18—1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	7.	

8 OCCUPATION OF DECEASED (retired)

(a) Trade, profession or particular kind of work Court Reporter

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town) Alexandria Va.
(State or country)

PARENTS

10 NAME OF FATHER Edward E. Linney

11 BIRTHPLACE OF FATHER (city or town) England.
(State or country)

12 MAIDEN NAME OF MOTHER Mary B. Burns

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Mrs A. Harris (Sister)
(Address) Tacoma Park Ind

15 Filed 2 6 1926 C. H. HAMPSON JONES, M. D.
Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25/26 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1925, to May 25, 1926; that I last saw h~~im~~ alive on May 25, 1926, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malaria

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John Houff, M. D.

, 19 (Address) 1043 W. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Congressional Cemetery Washington D. C.

DATE OF BURIAL 5/27 1926

20 UNDERTAKER H. Womeas & Son

ADDRESS 805 N. Calvert St

Via automobile - Escort H. Womeas & Son

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 10968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10968

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Charles ave ST., 27th WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline F Brockman

(a) RESIDENCE NO. 101 Charles ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 5 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry J Brockman

6 DATE OF BIRTH (month, day, and year) July 21 81

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER F N Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Aberdeen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Henry J Brockman 101 Charles ave

15 Filed 2 6 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 25, 1926, that I last saw h alive on May 23, 1926, and that death occurred, on the date stated above, at 1210 may26 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Brinck ....., M. D.

26/26 (Address) 4206 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL May 28 1926

20 UNDERTAKER H M Routson

ADDRESS 2238 N Mad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10969

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Druid Hill Ave. ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oda Tucker

(a) RESIDENCE. NO. 1430 Druid Hill Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Tucker

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED: Cook

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

021

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Edmund Whitehead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mitchell Tucker (Address) 1430 Druid Hill Ave

15 FILED MAY 26 1926 19 C. HAMPSON JONES, M. D. Registrar

Per H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 24, 1926, that I last saw h— alive on May 24, 1926, and that death occurred, on the date stated above, at 1:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis - Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical —

(Signed) R. Garland Mitchell M. D.

May 26 1926 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 5/27/1926

20 UNDERTAKER: Mrs. Ges. A. Holland ADDRESS: 1631 Druid Hill

Spec.—12-9-25—A Co.—200 Blks.

E 10970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10970

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 n. Glover st St., 6-3 Ward)

2-FULL NAME Henry Adam Robb

(a) RESIDENCE NO. 107 n. Glover St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year): Oct 6 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore 0.14

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Carrie Robb

(Address) 107 n Glover St

15 Filed C 19 H. LAMPSON JONES, M. D.

Registrar

For Clerk

2 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

May 25

17 I HEREBY CERTIFY, That I attended deceased from April 23 1926, to May 26, 1926,

that I last saw him alive on May 17, 1926,

and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ___ yrs. ___ mos. 30 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Lyndwood, M. D.

5/26 1926 (Address) 1026 25 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old St Pauls Cemty Date of Burial 5/27 1926

20 UNDERTAKER: William Cook ADDRESS 582 E Northam

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA N is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Balto — Jak Rd & Sheridan

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 10971

E 10971

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 524 Carrollwood St. 27-7 Ward)

2-FULL NAME Ina Nelson Downs

(a) RESIDENCE NO. 524 Carrollwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C

6 DATE OF BIRTH (month, day, and year): March 7, 1849

7 AGE — Years: 77 Months: 2 Days: 18 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country): Balto

PARENTS

10 NAME OF FATHER: Harris Downs

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Wilson

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country): Md

14 Informant: Herman P. F. Downs

(Address): 524 Carrollwood St

15 Filed: May 26 1926 Per: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 — 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926, to May 25, 1926, that I last saw him alive on May 25, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - High Blood Pressure

Chronic Nephritis - Chronic Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 2 ds.

Is Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jas. W. Bishop, M. D.

May 26 1926 (Address) 501 Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinelawn — Date of Burial: May 28 1926

20 UNDERTAKER: W. M. Cook — ADDRESS: 508 E North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

26 1926

Spec.—1-10-21—M&T—1500 Bks.

E 10972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10972

CERTIFICATE OF DEATH.

68

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. (6200 Bellona Ave.) Edgwood Sanatorium ST., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. John Horton Kelley

(a) RESIDENCE NO. Edgwood Sanatorium ST., WARD Still Pond, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 74 yrs. 7 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie D. Kelley

6 DATE OF BIRTH (month, day, and year) Oct-5-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Physician

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

054

9 BIRTHPLACE (city or town) Kent Co. Md
(State or country)

PARENTS

10 NAME OF FATHER John Kelley

11 BIRTHPLACE OF FATHER (city or town) Still Pond
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Jump

13 BIRTHPLACE OF MOTHER (city or town) Still Pond
(State or country) Maryland

14 Informant Miss. Edna Kelley Groth (niece)
(Address) Lynch, Kent Co. Md

15 MAY 26 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1922, to May 25, 1926, that I last saw him alive on May 23, 1926, and that death occurred, on the date stated above, at 10 Lo P m.

The CAUSE OF DEATH* was as follows:

Chron Morphia Habit.

(duration) more than 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Kelley, M. D.

5-26-1926 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Still Pond, Md. Kent Co.

DATE OF BURIAL: May-27-26 19

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10973 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10973

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 N. Hoffman St. 11-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Mallheros

(a) RESIDENCE NO. 300 N. Hoffman St., Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Richard Mallheros

6 DATE OF BIRTH (month, day, and year): — — 1881

7 AGE: Years 45 Months Days

If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West River Md

PARENTS

10 NAME OF FATHER: Wm Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): West River Md

12 MAIDEN NAME OF MOTHER: Eliz. Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West River Md

14 Informant: Eva Mallheros

(Address): 300 N. Hoffman St

15 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23. 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1926, to May 23rd, 1926,

that I last saw her alive on May 22nd, 1926,

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) A. Lee Ellis M. D.

5/25, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: May 27 1926

20 UNDERTAKER: Mrs Jas H. Dennis & T. C. Nelson

ADDRESS: 1803 Preston St

MAY 26 1926

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

19095-8 E 10974 HEALTH DEPARTMENT—CITY OF BALTIMORE 002 x86-E 10974

E 10974 CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Ames

(a) RESIDENCE No. 5564 Bartmer Ave ST., St- WARD Louis Mo —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 29th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21 yrs.	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Louis — Mo
(State or country)

PARENTS

10 NAME OF FATHER Henry Ames

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) St Louis Mo

12 MAIDEN NAME OF MOTHER J. Wermuderke

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) St Louis Mo

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 27 1926 HAMPSON JONES, M. D. Registrar
by J.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15 , 1926 , to May 26 , 1926 ,
that I last saw him alive on May 26 , 1926 ,
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Brain abscess. (6 wks.)
Meningitis, Streptococcus
3 days
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mastoid infection Rt.
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Apr. 15, 26

Was there an autopsy? yes

What test confirmed diagnosis? Operation, Culture

(Signed) J. G. Hart, M. D.

5/26 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Louis. Mo. DATE OF BURIAL May 27th 1926

20 UNDERTAKER Henry H Jenkins & Son Co ADDRESS Orchard & Jefferson Sts

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 10975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10975

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No. 18 Woodlea Ave St., [illegible] Ward)

2-FULL NAME Gustav George Wiedeman

(a) RESIDENCE NO. 18 Woodlea Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wiedeman

6 DATE OF BIRTH (month, day, and year) Nov 15 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	56	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Mfgr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jas. H. Dockman & Son

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Gustav Wiedeman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Ulrich

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Gustav E. Wiedeman

(Address) 13 Ridgecroft Rd.

15 Filed ..... 19 G. HAMPSON JONES, M. D. Registrar

MAY 27 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(History of Angina Pectoris)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Culler M. D.

(Coroner)

5/25/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem Date of Burial May 27 1926

20 UNDERTAKER Wm. J. Tickner Sons. ADDRESS Norfolk Va

If the information called for in this record is not known, the fact should be stated. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 10976

CERTIFICATE OF DEATH.

E 10976

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 18-2 WARD)

2-FULL NAME Alice Viola Williams

(a) RESIDENCE No. 1008 N Baltimore St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 14 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary E Nett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Chas Williams

(Address) 1008 N Baltimore

15 Filed MAY 27 1926 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 26, 1926, that I last saw her alive on May 26, 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Congenital Abductors.

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Prematurity Malnutrition

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Dwight Reynolds, M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL May 29 1926

20 UNDERTAKER John J Fields

ADDRESS 1200 W Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10977 HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001

E 10977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 76-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Cotanch

(a) RESIDENCE NO. 148 N 8th Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 21 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	5 4	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Gerald Cotanch

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) New York

12 MAIDEN NAME OF MOTHER Jenevee Hudson

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ky

14 Informant Marie Hudson (Address) 649 N Eut Highland

15 Filed MAY 27 1926, 19 C. HAMPSON JONES Registrar

For P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 25, 1926, that I last saw him alive on May 25, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Empyema

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of May 25/1926

Was there an autopsy? no

What test confirmed diagnosis? Phy. Exam Operation

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL May 27 1926

20 UNDERTAKER John J Fields ADDRESS 1200 W Fayette st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10978

CERTIFICATE OF DEATH.

89

E 10978

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 Druid Hill Ave. St. 11-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Garnett

(a) RESIDENCE NO. 1001 Druid Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Garnett

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co.

(State or country) Md

PARENTS

10 NAME OF FATHER Robt Garnett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Virginia Martin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Martha Garnett

(Address) 1001 Druid Hill

15 Filed MAY 27 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. T. Loader M. D.

(Coroner)

, 1926 (Address) 3220 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial May 27 1926

20 UNDERTAKER John H. Loader ADDRESS 1027 Druid Hill

WHITE LEAD, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10979

CERTIFICATE OF DEATH.

145 E 10979

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 N. Schroeder St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Jackson

(a) Residence No. 125 N. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 23, 1908

7-AGE. 18 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). 070

(c) Name of employer. —

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, albert Jackson

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Wooden

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- (Informant) George Jackson

(Address) 125 N. Schroeder St.

15- Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar.

MAY 27 1926 Reg. K K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 26, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 25 1926 to May 26 1926

that I last saw her alive on May 26 1926

and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Coronary embolus

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Labor

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Low forceps delivery Date of May 26 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

May 26 1926 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) **whether Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn DATE OF BURIAL. 5-30 1926

20-UNDERTAKER. Mrs Groft Hooper ADDRESS 406 W Conway St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10980 E 10980

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Hebrew Hosp

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 3-1 WARD)

2-FULL NAME Katie Rosen

(a) RESIDENCE NO. 1117 Granby St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Rosen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	—	—	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levis

(Address) 1439 E Baltimore St

15 Filed MAY 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-6, 1926, to 5-26, 1926

that I last saw her alive on 5-26, 1926

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into each Ant. Temporal Lobe

Hypertension Chronic Nephritis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) A. Arthur Linde M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Cem

DATE OF BURIAL 5/27 1926

UNDERTAKER E. Jack Levis 1439 E Balt St

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10981 CERTIFICATE OF DEATH 46 **E 10981**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore Road ST., 17-1 WARD)

2-FULL NAME Olivia Blair

(a) RESIDENCE No. 721 W. Lanvale Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1838

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
88 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 61 0

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
Address Clinton St. Hospitals

15 Filed MAY 27 1926 J. C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24. 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26- 26 to May 27 1926.

that I last saw h alive on May 24 1926.

and that death occurred, on the date stated above, at 11 5 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Cervix - 2 mo
Chr. Myocarditis
Generalized Arteriosclerosis

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Acute Myocardial
Failure (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Paul Thompson M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn | DATE OF BURIAL 5/27/26

20 UNDERTAKER Samuel Hawkins | ADDRESS 678 W Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10982 E 10982

CERTIFICATE OF DEATH.

198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Fennerally Hos St., 23-1 Ward)

2-FULL NAME Benjamin Smith Jr

(a) RESIDENCE NO. 57 N Hamilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): not known 1899

7 AGE — Years: 27 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Standard

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town): Newport News

(State or country): Va

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): not known

14 Informant: Mary J Brown

(Address): 57 N Hamilton St

15 Filed 19 CLARKSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: 5/23

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab wound of chest

Severing of aorta

Pulmonary Edema

Hemorrhage

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel A Fischer M. D.

(Coroner)

, 19 2 (Address) 3325 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: 5/27 1926

20 UNDERTAKER: Samuel J Kinsley — ADDRESS: 578 Eddison St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 1926 Pct

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 10983 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10983

60-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 N. Lanvale St.: 16-7 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leanna A. Jordan

(a) RESIDENCE. No. 1524 N. Lanvale St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. C. J. Jordan

6 DATE OF BIRTH (month, day, and year) Aug 24 - 69

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jones Co N. C

PARENTS

10 NAME OF FATHER James Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Frances Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Rev. C. J. Jordan

(Address) 1524 N. Lanvale

15 Filed MAY 27 1926 S. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to May 24, 1926, that I last saw her alive on May 24, 1926, and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows: Cardiac Valvular disease and Hypertherapy disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos J Woolridge, M. D.

5-26 1926 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem DATE OF BURIAL: May 27 1926

20 UNDERTAKER: Sam'l W Chase & Son ADDRESS: 1400 Madison

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10984

CERTIFICATE OF DEATH.

129

E 10984

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Carlton ST. 16-6 WARD)

2-FULL NAME Charlie S. Jones

(a) RESIDENCE No. 1022 N. Carlton ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dora Jones

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Docks.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Chas. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Dora Jones (wife)
(Address) 1022 N. Carlton St

15 Filed MAY 2 7 1926 19.. HAMPSON JONES Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 26

17 I HEREBY CERTIFY, That I attended deceased from May 23, 19 26, to May 24, 19 26, that I last saw h alive on May 24, 19 26, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Anaemia

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Paul Brown, M. D.

May 27 1926 (Address) 1837 Fenna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL; CREMATION OR REMOVAL W. Grove — DATE OF BURIAL May 28 1926

20 UNDERTAKER Wm. H. Chase Son — ADDRESS 400 Mosher

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10985

11-602 E 10985

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Streeper ST., 1-3 WARD)

2-FULL NAME John Paul Thomasson

(a) RESIDENCE NO. 616 S. Streeper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 14 - 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Gustav Thomasson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Elizabeth O'Keeffe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Elizabeth Thomasson
(Address) 616 S. Streeper St.

15 Filed ..... 19 ..... Registrar

MAY 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 25, 1926, that I last saw him alive on May 24, 1926, and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Murmur. Dyspnea, + oedema of extremities + Anemia

(duration) ..... yrs. 2 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Following Grip

(duration) ..... yrs. 0 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. J. Cassman M. D.

5-26, 19 26 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cemetery — DATE OF BURIAL May 27 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

HAWKINS-JONES CO.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

USE INDELIBLE PENCIL OR FOUNTAIN PEN—THIS IS A PERMANENT RECORD. Every item of this

Spec.—1-10-21—M&T—1500 Bks.

Robles.

E 10986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Green ST., H-1 WARD)

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Robales

(a) RESIDENCE NO. 30 S. Green ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Cecilio Robles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Porto Rico

12 MAIDEN NAME OF MOTHER Esperanza Perez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Porto Rico

14 Informant Evangelio Robles

(Address) 30 S Green St

15 Filed MAY 27 1926 C. HAMPSON JONES, M. D. Registrar RJK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-24, 1926, to 5-26, 1926

that I last saw him alive on 5-26, 1926,

and that death occurred, on the date stated above, at 3 45 P.M.

The CAUSE OF DEATH* was as follows:

BRONCHO-PNEUMONIA

secondary to Measles

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac-Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel Glick, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL May 27 1926.

20 UNDERTAKER John F. Coward & Son Per J.F. Coward

ADDRESS 9a Hollins St.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 10987 HEALTH DEPARTMENT—CITY OF BALTIMORE E-10987

CERTIFICATE OF DEATH.

11-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 North Hilton ST. 20-1 WARD)

2-FULL NAME Jane Elizabeth Benson

(a) RESIDENCE No. 8 North Hilton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: The Late Joseph B. Benson

6 DATE OF BIRTH (month, day, and year): Aug 30 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles A. McElroy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Charles A. Benson
(Address) 8 N. Hilton St

15 Filed MAY 27 1926 C. HAMPSON JONES, M. D. Registrar Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10 1926 to May 24 1926 that I last saw her alive on May 24 1926 and that death occurred, on the date stated above, at 8.05 P. m.

The CAUSE OF DEATH* was as follows:

a Paralysis.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Senile Decay.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw Emerson M. D.

5/24 1926 (Address) 51 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 5/27/26

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2303 Edmondson Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--1-10-21—M&T—1500 Bks.

E 10988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10988

CERTIFICATE OF DEATH.

1852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Bates

(a) RESIDENCE NO. 2502 W. Baltimore St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1865

7 AGE 60

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka Seltzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant ..... (Address) Univ. Hosp. Route

15 Filed MAY 27 1926 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-15-1926 to 5-25-1926, that I last saw her alive on 5-25-1926, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Fracture neck left femur

(duration) yrs. ..... mos 10 da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. ..... mos. 7 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 18-1926

Was there an autopsy? yes

What test confirmed diagnosis? path-findings

(Signed) Edwin M. Foulerton M. D.

May 26 1926, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL May 28 19 26

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N Gilmor St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 10989
1-PLACE OF DEATH

E 10989
REGISTERED NO.

City of BALTIMORE: (No. 1242 William St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley Austin.

(a) RESIDENCE NO. 1242 William St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Widower.

5a If ~~MARRIED~~ widowed, ~~OF~~ HUSBAND of ~~WIFE~~ Lillie Austin.

6 DATE OF BIRTH (month, day, and year) September 11 1868.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Isaac Austin.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Reed.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland.

14 Informant Bertha V. Phoebus. (sister)
(Address) 1242 William St.

15 Filed ..... 19 .....
MAY 27 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Leinhardt M. D.
(Coroner)

5/26 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beulah Island Md. Date of Burial: 5/29 1926

20 UNDERTAKER: Robert F. Fahey & Sons ADDRESS: 1318 Eighty

Spec.—1-1021-M&T—1500 Blks.

1926 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10990

CERTIFICATE OF DEATH.

159-002

E 10990

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 12-2 Ward)

2-FULL NAME Baby Brosdon.

(a) RESIDENCE No. 2405 Mace St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred hfc yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/5/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			14 hrs	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Mary Brosdon

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant ..... Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 25, 1926, that I last saw her alive on May 25th, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Multiple Congenital Malformations, Talipes Varus, Aplasia Pulmonalis, Cystic Kidneys, Hydro-ureters, Uremia

Life (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Wm. W. Connell, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lamel Cemetery — DATE OF BURIAL May 27 1926

20 UNDERTAKER Mrs. R. C. Elliott — ADDRESS 1729 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 27 1926

Spec.—1-10-21—M&T—1500 Bks.

E 10991 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10991

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 East ST. 5-1 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli P. Crawley

(a) RESIDENCE No. 101 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Crawley

(Address) 101 East

15 Filed MAY 27 1926 . 19 HAMPSON JONES Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 19 26.

17 I HEREBY CERTIFY, That I attended deceased from May 25, 19 26, to May 25, 19 26, that I last saw h... alive on May 25, 19 26, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Lloyd Brooks M. D.

May 26 19 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: May 28 1926

UNDERTAKER: Mrr R A Elliott — ADDRESS: 1725 Oakland Ave

Spec.—1-10-21—M&T—1500 Bks.

19 E 10992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10992

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Maxwell

(a) RESIDENCE NO. 425 E Lancaster ST., E Hampton WARD Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella.

6 DATE OF BIRTH (month, day, and year) ? ? 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Dr. Maxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL, B.

15 Date ... 19 ... Registrar C. HAMPSON JONES, M. D.

MAY 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16 1926, to May 26 1926, that I last saw h alive on May 26 1926, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Benign Irritable Hypertrophy

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Va

Did an operation precede death? yes Date of 5/20/26

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) Robert Mc Kay M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wm Tucker Sons &	May 27 19 26
21 UNDERTAKER	ADDRESS
Solomons Town.	Va

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

124 E 10993

CERTIFICATE OF DEATH.

E 10993

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1902 N. Chester St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond C. Grubert

(a) RESIDENCE NO. 1902 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 27 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	14	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (N)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Joseph H Grubert

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER: Margaret Keller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Harrisburg Pa

14 Informant: Joseph H Grubert

(Address) 1902 N Chester st

15 Filed ..... 19..... Registrar

MAY 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 May 25

17 I HEREBY CERTIFY, That I attended deceased from May 20 1926 to May 25 1926, that I last saw him alive on May 25 1926, and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Jaundice

(duration) yrs. mos. 10 ds.

CONTRIBUTORY Broncho Pneumonia

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Levy M. D.

5/26/26 (Address) 625 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: May 27 1926

20 UNDERTAKER: Robt J Turner Sons — ADDRESS: 542 N Broadway

C. HAMPSON JONES

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 10994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10994

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 550 Lanvale St. 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Carter Manoke

(a) Residence No. 550 Lanvale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. 7

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Manoke

6-DATE OF BIRTH (month, day and year) June 27, 1894

7-AGE. 31 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Clerk Govt

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer A. P. Co Americana

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Presley L. Carter

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Lucinda Virginia Lewis

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country), Virginia

14- (Informant) Emily L. Carter

(Address) 550 Lanvale St.

MAY 27 1926 Filed 192 RK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 25, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 20 19 26 to May 25 19 26

that I last saw h.. alive on May 25 19 26

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical, Autopsy

(Signed) Jno. D. Wright M. D.

May 26, 1926 (Address) 1209 Pentress St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL May 29 1926

20-UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill

NOTICE—PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 10995

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 10995

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 9-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Adams

(a) RESIDENCE NO. 1303 Hollbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ana Adams

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 07°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ann Biff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAY 27 1926 C. HAMPSON JONES, M. D. Registrar by RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to May 26 1926, that I last saw him alive on May 26 1926, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lindsay Miller M. D.

5/27/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery DATE OF BURIAL May 28 1926

20 UNDERTAKER Henry Hood Son ADDRESS 1301 E Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10996

CERTIFICATE OF DEATH.

31 E 10996

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore city hospitals (Inst.) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew pavlik (Paulik)

(a) RESIDENCE No. 210 w. Kimble st ? ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Jim pavlik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to May 23, 1926, that I last saw him alive on May 23, 1926, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. C. Lane M. D.

5-23-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMILTON JONES, M. D. Commissioner of Health.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10997. 129 E 10997.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias Treffler

(a) RESIDENCE No. 1801 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
74 Yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.
(State or country)

PARENTS

10 NAME OF FATHER John B. Treffler

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Martha —

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed MAY 27 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to May 24, 1926.

that I last saw him alive on May 24, 1926,

and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Nephritis
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

5/27/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-70

Spec.—1-10-21—M&T—1500 Bks.

E 10998 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10998

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH Colonial Hosp.

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Tillman

(a) RESIDENCE No. 914 Ashland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 45 (Years) (Months) (Days) If LESS than 1 day.....hrs. or.....min. (unknown)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 087

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Washington D.C. (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country)

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant ..... (Address) .....

15 Witness Hospital Record Registrar

MAY 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/26 19

17 I HEREBY CERTIFY, That I attended deceased from 5/7/26 ....., 19....., to 5/26 ....., 1926, that I last saw her alive on 5/26/26 ....., 19....., and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

..... (duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory test.

(Signed) L. P. Mohler, M. D.

, 19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

UNIVERSITY OF MARYLAND

MAY 27 1926

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every letter of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be sure that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 10999

10999

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 N. Stricker St. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Lylie

(a) RESIDENCE NO. 426 N. Stricker St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wiley

6 DATE OF BIRTH (month, day, and year) Mar. 8th 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Relay Md.

PARENTS

10 NAME OF FATHER Alexander Snowden

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Relay Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hawkens

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Relay Md.

14 Informant Louise Stansbury (Sister)

(Address) 426 N. Stricker St.

15 Filed MAY 27 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 25th. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20th. 1926, to May 25th. 1926, that I last saw her alive on May 25th. 1926, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Acct. Parenchymatous Nephritis.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Mitral Ins.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brookeville, Md. Date of Burial 5-29 1926

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St.

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. [illegible]-21—M&T—1500 Bks.

E 11000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11000

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Wallace Buttrick

(a) RESIDENCE No. 5 Oakwood Pl. ST. Scarsdale WARD NY
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician.

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York -

PARENTS

10 NAME OF FATHER Thomas Buttrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind -

12 MAIDEN NAME OF MOTHER Ellen Hatton

13 BIRTHPLACE OF MOTHER (city or town) Ind. (State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 27 1926 C. HAMPSON JONES, M.D. Registrar
Per a.k.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22nd, 1926. to May 27th, 1926.
that I last saw him alive on May 27th, 1926,
and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy
Hypertension
Apoplexy
(duration) 4 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) E. F. Wald, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Scarsdale NY - DATE OF BURIAL May 27 1926

20 UNDERTAKER John Crutchell ADDRESS 201 W. Lafayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 27 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPA[illegible] OF BALTIMORE

E 11001

CERTIFICATE OF DEATH.

90 E 11001

1-PLACE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. 1111 Orleans St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard La Porte

(a) RESIDENCE NO. 1111 Orleans St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Mar 1. 1850

7 AGE — Years: 46 — Months: 2 — Days: 26 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer Helper

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: James Padgett

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: William A La Porte

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Louise Huntzmon

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Md.

14 Informant: Louis La Porte

(Address): 1111 Orleans St

MAY 27 1926 C. HAMPSON JONES, M. D. Registrar

Per R. O. B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8. 1926, to May 26, 1926, that I last saw him alive on May 26, 1926, and that death occurred, on the date stated above, at 3 05 a. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular heart dis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt J Green, M. D.

May 27, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial May 31 1926

20 UNDERTAKER: W. M. Cook ADDRESS 502 E Monument

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Jerome A. Laws)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11002

CERTIFICATE OF DEATH.

E 11002

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mid-Hosp ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome D. Laws

(a) RESIDENCE NO. Fort Howard Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2. 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Jerome D. Laws

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Margaret Donovan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) M. H.

15 Filed .19 By C. HAMPSON JONES, M. D. Registrar

MAY 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-1926

17 I HEREBY, CERTIFY, That I attended deceased from 5-13-1926, to 5-26-1926, that I last saw him alive on 5-26-1926, and that death occurred, on the date stated above, at 1 00 p. m.

The CAUSE OF DEATH* was as follows:

Empyema Left side - Operation

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-14-26

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Wm. Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL May 28 1926

20 UNDERTAKER Thos. Cook & Son — ADDRESS 502 E. Monument

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

(Muir)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11003 E 11003

CERTIFICATE OF DEATH.

24-006

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Letter Sisters of—Rest 1052 ST., ... WARD)

2-FULL NAME John Muir

(a) RESIDENCE NO. Preston & Bailey ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 20, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	83	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Naval

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Muir

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Greco

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Sister Florence (Address) .....

15 MAY 27 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from No record, 19.., to ....., 19.., that I last saw him alive on May 26, 1926, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. Allarner, M. D.

May 27, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL May 29 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. Northern

MAR 27 1926

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 11004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11004

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 534 So. Catherine St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Douglas Kratz

(Residence in Baltimore: No. 534 So. Catherine St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. June (Month) 25 (Day) 1875 (Year)

7-AGE. 50 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of Industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Edw. H. Kratz

11-BIRTHPLACE OF FATHER, (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Emma C. Anas

13-BIRTHPLACE OF MOTHER, (State or Country). Balto

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmin A. Kratz

(Address) 534 So. Catherine St

15- Filed MAY 27 1926 192 C. HAMPSON JONES, M. D. Registrar.

Per MRS

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 25 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Signed) Wm. B. Norton M. D. (Coroner.)

May 26 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL May 28 1926

20-UNDERTAKER, H. D. Wolfgang ADDRESS 1850 W. Balto St

Sec. 4 of Ordinance No. 1145, approved April 19, 1915.—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Pearl Street)

E 11005 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11005

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE, No. Baltimore Ind ST. (or WARD) X-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Poleos

(a) RESIDENCE No. 207 Pole Street (Pearl St) ST., WARD

(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE: Years 48 years. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lunch Room.

(b) General nature of industry, business, or establishment in which employed (or employer) Waiter.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Christ Poleos.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Eleka ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Hospital Records — Assistant City Hospitals

15 MAY 27 1926 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-1926

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to May 26, 1926.

that I last saw him alive on May 26, 1926.

and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Urinary Bladder

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) Ter. Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Data

(Signed) Earl P. Clapper M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL May 28/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Eutaw.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every effort should be made to obtain and furnish information. AGE should be stated EXACTLY. PHYSICIANS should be careful to report CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks. (about 25 feet inside City Line)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11006 E 11006

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Baltimore St. Dorchester Heights ST. 25-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence A. Tucker,

(a) RESIDENCE No. 6 Baltimore St. Dorchester Heights ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Eliza A. Tucker,

6 DATE OF BIRTH (month, day, and year) Nov. 12. 1869

7 AGE: Years 56 | Months 6 | Days 15 | If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Himself.

9 BIRTHPLACE (city or town) (State or country) Anna Arundel Co. Md.

PARENTS

10 NAME OF FATHER Henry A. Tucker,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anna Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Harry Tucker

(Address) Dorchester Heights

MAY 27 1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 27 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 19 24, to 5/27, 19 24

that I last saw h alive on 19

and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Daniel Johnston, M. D.

, 19 24 (Address) 3325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ St. Lawrence DATE OF BURIAL MAY 29 1926

20 UNDERTAKER Geo W. Little ADDRESS 2760 EDMONDSON AVE.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11007 E 11007

CERTIFICATE OF DEATH.

REGISTERED NO. 16-457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Riggs Ave St.) (Ward) 16-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerard Bauer

(a) RESIDENCE. No. 1511 Riggs Ave St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 28th 1902.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	23	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore City
(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo Bauer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Christina Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Christina Held
(Address) 1511 Riggs Ave

15 Filed MAY 27 1926 19 C. HARRISON JONES, M. D. Registrar
Per ARP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21st 1926, to May 26th 1926, that I last saw h alive on May 26th 1926, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
History of case a/wk

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. J. Carrick M. D.

19 (Address) 3709 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL MAY 29 1926 19

20 UNDERTAKER Geo W Little ADDRESS 3900 EDMONDSON AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARYLAND RESERVED FOR BINDING

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11008

CERTIFICATE OF DEATH.

90 E 11008

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5120 Garrison St., 7th Ward)

2-FULL NAME Allen Jones

(a) RESIDENCE NO. 19 E Hamilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C. Garrett

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Jones

6 DATE OF BIRTH (month, day, and year) Dec 24 80

7 AGE: Years 40 41 | Months 5 | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Jane Jones

(Address) 19 E. Hamilton St.

15 Filed ..... 19 ..... Registrar

MAY 28 1926 Per R.K.

C. HAMPSON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dolores

Arsenic F. J.

Pernt F.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John Horsley M. D.

(Coroner)

5/26 1926 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn. Date of Burial: May 28 1926

20 UNDERTAKER: John H. Toadvine ADDRESS 1027 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MUST BE TYPEWRITTEN OR WRITTEN WITH INDELIBLE INK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11009

E 11009

CERTIFICATE OF DEATH.

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 828 W Lexington ST. 18-1 WARD)

2-FULL NAME Geo Washington Druton

(a) RESIDENCE No. 828 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Blk	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie W. Druton

6 DATE OF BIRTH (month, day, and year) March 10-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman 162

(b) General nature of industry, business, or establishment in which employed (or employer) Attendant in Garage

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co

14 Informant Susie W Druton

(Address) 828 W Lexington

15 Filed MAY 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 30, 1926, to May 26, 1926, that I last saw h[illegible] alive on May 25, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed ~~diagnosis~~ Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 56 N Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL May 28, 1926

20 UNDERTAKER John H Goodman ADDRESS 1027 Hend Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11010

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 121 (St.) Thorndale Ave (Ward) 27-5

2-FULL NAME Padie J Saunders

(a) RESIDENCE NO. 121 (St.) Thorndale Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H Saunders

6 DATE OF BIRTH (month, day, and year): May 1849

7 AGE: Years 67 | Months - | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Dorsman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Kettlewood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: C H Meagher

(Address): 121 Thorndale

Filed MAY 28 1926

THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25th 26

17

I HEREBY CERTIFY, That I attended deceased from May 23 19 26 to May 25 19 26,

that I last saw h[illegible] alive on May 25 19 26,

and that death occurred, on the date stated above, at 9 25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Fall down steps

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

5/26 1926 (Address) 733 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: May 29 1926

20 UNDERTAKER: John Ulrich

ADDRESS: 208 Orleans

Spec.—1-10-21—M&T—1500 Blks.

E 11011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11011

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sewer Rd. North Point ST., 12-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hellman

(a) RESIDENCE NO. Sewer & North Point ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minerva Hellman

6 DATE OF BIRTH (month, day, and year): Aug 28 1870

7 AGE: Years 55 56 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Herman Hellman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Barbara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Barbara Hellman

(Address): Sewer & North Point Rds

15 Filed MAY 28 1926 G. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27 1926, to May 26 1926,

that I last saw him alive on May 26 1926,

and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of about March 1 26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Caleb N. Peters, M. D.

May 27 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: May 28 1926

20 UNDERTAKER: John Merrick

ADDRESS: 200 S Eden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11012

CERTIFICATE OF DEATH.

74001 E 11012

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1748 Orleans St St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E McDonough

(a) RESIDENCE NO. 1748 Orleans St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John McDonough

6 DATE OF BIRTH (month, day, and year) July 8/1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	68	10	18 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) tt

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Geo W. Brinkley

(Address) 1748 Orleans St.

15 Filed ..... 19 ..... Registrar

MAY 28 1926 THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

5/27/26 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contrncted, if not nt place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel. Date of Burial May 28 1926

20 UNDERTAKER J. M. Cook ADDRESS 502 E North Ave.

Spec. 6-5-19 H. P. Co 1000 Bks.

Neil

HEALTH DEPARTMENT—CITY OF BALTIMORE

11013 **E 11013**

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Burgundy ST.: 42 WARD)

2-FULL NAME Laura V. Neals

(a) RESIDENCE. No. 926 Burgundy ST., 21 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. 1 mos. 21 ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) April 6, 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Fred W Lohmeier (Address) 926 Burgundy

15 Filed MAY 28 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926, to May 26, 1926 that I last saw h alive on May 26, 1926 and that death occurred, on the date stated above, at 2:00 m.

The CAUSE OF DEATH* was as follows:

Hardening of arteries

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [illegible], M. D.

5/28 1926 (Address) 517 Loudon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	May 28 26

20 UNDERTAKER Cohenower & Son ADDRESS 3617 Chestnut ave

Spec.—1-10-21—M&T—1500 Bks.

E 11014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11014

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3319 Hudson ST. 26-5 (WARD) REGISTERED NO. 6 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Miller, Jr.

(a) RESIDENCE NO. 3319 Hudson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8- 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) infant

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER August Miller, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Alice Dannenfelser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Alice Miller
(Address) 3319 Hudson St.

15 Filed MAY 28 1926 19 C. HAMPSON JONES, M. D. Registrar
Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 25, 1926, that I last saw him alive on May 25 (10 A.M.), 1926, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cyanosis

(duration) yrs. mos 1 da.

CONTRIBUTORY (Secondary) Marasmus (duration) yrs. mos. 17 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. C. M. Myers, M. D.

5/27, 1926 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL May 28, 1926

20 UNDERTAKER Zirkle & Zirkle ADDRESS 1739 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11015

CERTIFICATE OF DEATH.

101-001

E 11015

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gloria Augusta Wilson

(a) RESIDENCE NO. 1404 Argyle Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 16/1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Edgar S. Wilson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Bessie Dorsey

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Julia Wilson

(Address): 1450 N Carey St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MAY 28 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26/192 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Primary Lobar Pneumonia

(Autopsy at Hopkins)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Cullen, M. D.

(Coroner)

5/28/19 26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: May 29 1926

20 UNDERTAKER: Virginia A. Brooks ADDRESS: 1463 N. Carey

Spec—12-23-21—E.B.R.S.—400 Eks.

E 11016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11016

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1548 N. Fremont St. Registered No. 15-13 89

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Drucilla Williams

(a) Residence No. N.E. Cor Pr. and Preston St., ... Ward .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Silas Williams

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Miss Stanley

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER John L. Mason

11-BIRTHPLACE OF FATHER (city or town) Talbot Co.
(State or Country) Talbot Co., Md.

12-MAIDEN NAME OF MOTHER, Eliza Hall

13-BIRTHPLACE OF MOTHER (city or town) Talbot County
(State or Country) Maryland

14-(Informant) Eliza J. Mason

(Address) 1548 N. Fremont St.

Filed MAY 28 1926 HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 25th 1926

17- I HEREBY CERTIFY, That I attended deceased from May 6th 1926 to May 25 1926 that I last saw h. alive on May 25 1926 and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer.

Known (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) ..... yrs. One mos. ..... ds.

18-Where was disease contracted if not at place of death? In this City

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Emanuel Finger M. D.

, 19 (Address) 2432 W. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL, May 29 1926

20-UNDERTAKER, Virginia A. Brooks — ADDRESS 1463 N. Carey St

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11017

REGISTERED NO. E 11017

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Eden St. ST. 3-1 WARD)

2-FULL NAME Eugene Rice.

(a) RESIDENCE NO 8 S. Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) md.

PARENTS

10 NAME OF FATHER Lawson Rice

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Kate Freeman

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) md.

14 Informant Louis Rice Brother
(Address) 234 S. Durham.

15 Filed MAY 28 1926 HAMPSON JONES, M. D. Registrar
per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Hamil Fisher, M. D.
(Coroner.)
, 1926 (Address) 324 Cath St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL May 28 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11018

CERTIFICATE OF DEATH.

E 11018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 416 N. Glover St., 6-3 Ward)

2-FULL NAME Katherine Miller

(a) RESIDENCE NO. 416 N. Glover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Geo. A. Miller

6 DATE OF BIRTH (month, day, and year): Dec 25/69

7 AGE — Years: 56 | Months: 5 | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: 0

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: John Glace

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Kate Keidel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Geo. A. Miller

(Address): 416 N. Glover St

Filed ....., 19

MAY 28 1926

C. HAMPSON JONES, M.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 26/26

17 I HEREBY CERTIFY, That I attended deceased from May 5, 19 26, to May 26, 19 26,

that I last saw h[e] alive on May 26, 19 26

and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) 1 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Senile Senescence

(duration) yrs. mos. 21 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B. Lemmon M. D.

May 27, 1926 (Address) 718 N. Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial: 5/29 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2516 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 11019

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Druid Hill Ave ST. 17-1 WARD)

2-FULL NAME Mary Smith

(a) RESIDENCE No. 1332 Druid Hill Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Smith

6 DATE OF BIRTH (month, day, and year): 1906

7 AGE: Years 20; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Knoxville, Va

PARENTS

10 NAME OF FATHER: Lombard Cabell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not

12 MAIDEN NAME OF MOTHER: Maria Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Fred Smith

(Address): 1332 Druid Hill Ave

15 Filed MAY 28 1926 19 Registrar

PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 31 1926 to May 27 1926.

that I last saw her alive on May 26 1926.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Phthisis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 3 mos. 21 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Sputum Test

(Signed) C. V. Hatcher, M. D.

(Address) 225 Vernon Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Pa — DATE OF BURIAL 5/28 19

20 UNDERTAKER: Samuel Wensley — ADDRESS Balto

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11020

CERTIFICATE OF DEATH.

129

E 11020

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2927 Dillon St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna M. Malone

(a) RESIDENCE NO. 2927 Dillon St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas Malone

6 DATE OF BIRTH (month, day, and year): Apr 24-1847

7 AGE: Years 79 | Months 1 | Days 2 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Lycett

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ire

12 MAIDEN NAME OF MOTHER Mary Kennedy

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ire

14 Informant Elizabeth Malone

(Address) 2927 Dillon St

Filed MAY 28 1926 H. C. HAMPSON, Jr. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 26, 1926,

that I last saw her alive on May 26, 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Sutton, M. D.

May 27, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — Date of Burial: 5/29/1926

20 UNDERTAKER: J. A. Moran — ADDRESS 3900 E. Baltimore St.

MAY.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 11021 HEALTH DEPARTMENT—CITY OF BALTIMORE

163 E 11021

CERTIFICATE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found in the River

City of BALTIMORE: (No. 1941 N. Carey St. 16-6 Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female 4 Color or Race: colored 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8 [illegible]

7 AGE Years Months Days IF LESS than 1 day.....hrs. or.....min. 1 hr

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) 1941 N. Carey St.

15 Filed_____, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by passing train

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

5/3 19 (Address) Coroner's Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1926 C. HARRY JONES, M. D. MAY 28 1926

E 11022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11022

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

City of BALTIMORE: (No. Harford East Falls. St. 43 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not Known

(Residence in Baltimore: No. " " St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed or Divorced (Write the word.) Unknown

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE. about 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) — 0&T

9-BIRTHPLACE, (State or Country). —

PARENTS.

10-NAME OF FATHER. —

11-BIRTHPLACE OF FATHER. (State or Country). —

12-MAIDEN NAME OF MOTHER. —

13-BIRTHPLACE OF MOTHER. (State or Country). —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed..... 192.....

C. HAMPSON JONES, M.D. Registrar.

MAY 28 1926 Per.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 21 — 192 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning — over

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. ds.

(Signed) G. L. Blades M. D.
(Coroner)

May 21 192 (Address) 143 N. Bury

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY

DATE OF BURIAL. ..... 19....

20-UNDERTAKER. [illegible]

ADDRESS [illegible]

Cor.—1-12-23—M&T—100 Bks.

E 11023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11023

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp ST. 11-3 WARD)

2-FULL NAME Jos Fiegler

(a) RESIDENCE NO. 914 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
3-4			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Boy
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant
(Address)

15
Filed MAY 28 1926 C. HAMPSON JONES, M. D.
Registrar
Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. J. Kelly, M. D.
(Coroner.)

May 27, 1926 (Address) 1459 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

Commissioner of Health

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11024

CERTIFICATE OF DEATH.

161-001

E 11024

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Baby Thomas

(a) RESIDENCE NO. Woodlawn, Md., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 26 1926

7 AGE — Years: — Months: 1 Days: 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (col)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas. Jno Lyn Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ida Roalfe

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Per ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to May 27, 1926, that I last saw him alive on May 27, 1926, and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of the new born

(duration) yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

(Signed) A. W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lin — DATE OF BURIAL May 28 19

20 UNDERTAKER J. L. Brown & Son — ADDRESS 1514 W Montgomery St

INFORMATION APPEARING IN THIS SPACE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11025

CERTIFICATE OF DEATH.

74-001.

E 11025

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2916 O Donnell St., 1-3 Ward)

2-FULL NAME Anna Tiedler

(a) RESIDENCE NO. 2916 O Donnell St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late George Tiedler

6 DATE OF BIRTH (month, day, and year): Nov. 10th 1860

7 AGE: Years 65 | Months 6 | Days 16 | IF LESS than 1 day.....hrs. or.....min. 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: John Loeffler

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Frances Scott (Daughter)

(Address) 1531 Agnes St.

Filed MAY 28 1926 19

C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26th 1926

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to May 26th, 1926, that I last saw h.. alive on May 25th, 1926, and that death occurred, on the date stated above, at 4 15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D W Jones, M. D.

5/26/ 19 26 (Address) 1011 D. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery Date of Burial May 29 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS 403 N. Wolfe St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11026

CERTIFICATE OF DEATH.

5160

E 11026

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 S. Third st St., 16 Ward)

2-FULL NAME E. Grace Barthomay.

(a) RESIDENCE NO. 120 S. Third st St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. — mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/20/1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ~~min.~~
	—	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER George Barthomay

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Goldbeck

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Baltimore

14 Informant George Barthomay

(Address) 120 S. Third st

15 Filed MAY 28 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 May 27

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926 to May 27, 1926, that I last saw h[illegible] alive on May 27, 1926, and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Starvation

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ____ yrs. ____ mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D. Kreeder, M. D.

5/28, 1926 (Address) 3307 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial May 28 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hayford ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS will state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11027

E 11027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1008 S Potomac St., 1 Ward)

2-FULL NAME John Asuch

(a) RESIDENCE NO. 1008 S Potomac St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854 June 27

7 AGE: 71 Years 72 | Months 11 | Days 0 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Poland

(State or country)

PARENTS

10 NAME OF FATHER Grzegoz Asuch

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Jadwiga Pancak

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Mary Asuch

(Address) 1008 S Potomac

C. HAMPSON JONES, M. D.

Registrar

MAY 28 1926

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17

I HEREBY CERTIFY, That I attended deceased from November 25, 1924, to May 27, 1926,

that I last saw him alive on May 26, 1926,

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Stromshas, M. D.

5-27 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — Date of Burial: May 31 1926

20 UNDERTAKER: Stephen J Fialkowski — ADDRESS: 1010 S Kenwood Ave

NOTICE.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DISEASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11028

E 11028

CERTIFICATE OF DEATH.

31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 N. Durham St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Bamhardt

(a) Residence No. 812 N. Durham St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emile Bamhardt

6-DATE OF BIRTH (month, day and year) March 20 1897

7-AGE. 29 yrs 2 mos 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER Antone Youkel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Austria

12-MAIDEN NAME OF MOTHER Carolina Pomucka

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Austria

14-

(Informant) Michel Youkel

(Address) 812 N. Durham St

15-

Filed MAY 28 1926 C. HUMPSON JONES, M. D. Registrar.

Rec. 6-5-26

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5-26-26

17- I HEREBY CERTIFY, That I attended deceased from April 1 19 26 to May 26 19 26

that I last saw h[illegible] alive on May 25 19 26

and that death occurred on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Mitral Regurgitation

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Neil Angotta M. D.

5-26 19 26 (Address) 1009 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill

DATE OF BURIAL, May 29 19 26

20-UNDERTAKER, William G. Schaeffer

ADDRESS 1816 Fremont St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11029

CERTIFICATE OF DEATH.

185 E 11029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Womens Hospital 4-2 Ward)

2-FULL NAME Geo. A Cooling

(a) RESIDENCE NO. Madison ave & Bloom st Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (~~write the word~~): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 16 1922

7 AGE: Years 3 Months 7 Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Chas E Cooling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen E Janzen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Helen E Cooling

(Address) Madison ave & Bloom st

Filed MAY 28 1926 C. HAMPSON JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental (crushed accidental)

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Fracture of skull

(duration) .....yrs. .....mos. .....ds.

(Signed) D. J. Hennessy M. D.

5/25/26, 19 (Address) 1802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — Date of Burial: May 29 1926

20 UNDERTAKER: H. Holt Stevenson — ADDRESS: 421 N Broadway

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(Dow F. Tozier)

E 11030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11030

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No.) 31st & Remington ave (St.) 17-2 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dow F. Tozier

(a) RESIDENCE NO. U.S. Marine Hospital ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charlotte Vail

6 DATE OF BIRTH (month, day, and year) Sept 2 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Coast & Geo Guard

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER John Tozier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Sybil Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Aurora

14 Informant Mrs. Grace Stinson

(Address) 214 N. Mark Lane, Phila. Pa

15 Filed MAY 28 1926, 19 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1923, to May 27, 1926, that I last saw him alive on May 27, 1926, and that death occurred, on the date stated above, at 2:43 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 10 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Diabetes mellitis (3 yrs) & Irregular (duration) — yrs. — mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. E. Trimble, M. D.

, 19 (Address) U.S. Marine Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemy.

DATE OF BURIAL May 29 1926

20 UNDERTAKER John O. Mitchell

ADDRESS 120 N. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11031 X123 E 11031

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2202 Aiken St., St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Cordelia F Fleming

(a) RESIDENCE NO. Wood Bine (Carroll County) St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Mr Otha P Fleming

6 DATE OF BIRTH (month, day, and year): May 26 1858

7 AGE: Years 68 | Months - | Days - | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland.

PARENTS

10 NAME OF FATHER: Chas T. Mullinix.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER: Mary Pearl.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland.

14 Informant: Otha P. Fleming.

(Address) Woodbine Md.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1926

17

I HEREBY CERTIFY, That I attended deceased from May 27 1926, to May 28, 1926, that I last saw her alive on May 28, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY ~~Acute~~ Gall Stone

(Secondary)

Colic (duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo E. L. Timmerman M.D.

5/28 1926 (Address) 2855 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lucas, Md. Date of Burial: May 30-1926.

Morgan Chapel cemetery

20 UNDERTAKER: C. M. Waltz. ADDRESS: Winfield Md.

MAY 28 1926 NRH

Y 28 926

WHITE PAPER, WITH CAPPING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11032

CERTIFICATE OF DEATH.

E 11032

1-PLACE OF DEATH

City of BALTIMORE: (No. 1806-Aiken St. St., 9-5 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie McGuigan

(a) RESIDENCE NO. 1806- Aiken St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 60 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph McGuigan.

6 DATE OF BIRTH (month, day, and year): 5/1/1836

7 AGE: Years 90 | Months — | Days 26 | IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town)_____ (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Farrell

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) Unknown

14 Informant Mr. Jos. McGuigan (Address) 1806 Aiken St

15 Filed MAY 28 1926, 19____ A.C.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 27 1926

17 I HEREBY CERTIFY, That I attended deceased from MAY 22 1926, 19____, to MAY 26 1926, 19____, that I last saw h... alive on MAY 26 1926, 19____, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

General Toxemia after Broncho Pneumonia

(duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) X yrs. X mos. 5 ds.

18 Where was disease contracted if not at place of death? 1808 Aiken St

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D. H. Dukes, M. D.

MAY 28 1926, 19 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Ignatius - Hickory — Date of Burial 5/29/26, 19

20 UNDERTAKER Harford Co. — ADDRESS George J. Ruth, 1735 Harford Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 28 1926

Spec.—12-9-25—A Co.—200 Bks.

E 11033 E. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 11033

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3606 E. Fredrick Road St., 20th Ward)

2-FULL NAME Sarah E. Holmes

(a) RESIDENCE NO. 3606 E. Fredrick Rd St. 20 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 21 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Sept 4th 1860

7 AGE: Years 65 Months 8 Days 22 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town): Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER: Lorenzo Holmes

11 BIRTHPLACE OF FATHER (city or town): Baltimore, Md

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Steinacker

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md

(State or country)

14 Informant: Mrs Frank Felix

(Address) 3586 E. Fred'k Rd

Filed MAY 28 1926 G. HAMPSON JONES, M. D. Registrar

Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26th 1926

17

I HEREBY CERTIFY, That I attended deceased from May 9th, 1926, to May 26th, 1926, that I last saw h[er] alive on May 24th, 1926, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Aortic & Mitral Regurgitation Interstitial Nephritis uremia

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory Exam

(Signed) A. F. Hais, M. D.

May 28th 1926 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: May 30th 1926

20 UNDERTAKER: F. B. Keppler ADDRESS: 85 N. Bond St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 11034 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH SYDENHAM HOSPITAL REGISTERED NO. 9-27

CITY OF BALTIMORE: (No. ... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Dilworth

(a) RESIDENCE NO. Kingsville, Balto. Co. ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Non Resident yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 4 COLOR OR RACE 7 yr white 5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 22, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David B Dilworth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Florence Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant David B. Dilworth (Address) Kingsville Md.

15 5 28 1926 - 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to May 27, 1926, that I last saw her alive on May 27, 1926, and that death occurred, on the date stated above, at 10.40 p m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Nasal, Tons & Ring. Diphtheria

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive K.L. culture

(Signed) Myron G. Tull, M. D.

5/28 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stevens Bradshaw Md. DATE OF BURIAL May 28 1926

20 UNDERTAKER John Arthur & Son. ADDRESS Fork, Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIAN should state

C. HAMPSON JONES, M. D.
Per ...

Spec.—1-10-21—M&T—1500 Bks.

E 11035

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 11035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 Edmondson Ave (St.) 16-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry H. Abel.

(a) RESIDENCE NO. 916 Edmondson Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida H. Abel.

6 DATE OF BIRTH (month, day, and year) March 23-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	3	

8 OCCUPATION OF DECEASED (Retired Officer)

(a) Trade, profession or particular kind of work Watchman at the

(b) General nature of industry, business, or establishment in which employed (or employer) Hopkins Place 06

(c) Name of employer Savings Bank.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Abel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Dora. Saye.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Ida. H. Abel

(Address) 916 Edmondson Ave.

15 Filed 5 28 1926 C. HAMPSON JONES, M. D. Registrar

Per 1004

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22nd, 1926, to May 26, 1926, that I last saw h[illegible] alive on May 25, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows: Acute dilatation of the heart

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. H. Hampson M. D.

May 27, 1926 (Address) 3002 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 5-29 1926

20 UNDERTAKER Mrs Chas G. Rohde — ADDRESS 600 N Arlington Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 11036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11036

CERTIFICATE OF DEATH.

102

5-2

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1416 E. Lexington St. 5-2 Ward)

2-FULL NAME John Wesley Chester

(a) RESIDENCE NO. 1416 E. Lexington St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 15/1888

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Emerson Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Andrew Chester

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lizzie Wise

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto. Md

14 Informant Lizzie Wise

(Address) 12 N. Spring St

5/29 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Failure

(History of Pleurisy some time)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Bolton M. D.
(Coroner)

5/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial May 30 1926

20 UNDERTAKER Milton Davis ADDRESS 316 N Eden St

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 11037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11037

90

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 16 S Wolf St., 2-1 Ward)

2-FULL NAME Barbra Darthy Will

(a) RESIDENCE NO. 16 S Wolf St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ da. How long in U. S., if of foreign birth? 40 yrs. ___ mos. ___ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Will

6 DATE OF BIRTH (month, day, and year): January 2 1849

7 AGE: Years 77 | Months 6 + 24 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Kathrine Wade

(Address) 16 S Wolf St

Filed May 29 1926 C. HAMPSON JONES, M. D., Registrar

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 26 - 26 -

17 I HEREBY CERTIFY, That I attended deceased from April 3 - 19 26, to May 26, 19 26,

that I last saw h~~er~~ alive on May - 25, 19 26

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia - Senile

(duration) - yrs. 1 - mos. ..... da.

CONTRIBUTORY (Secondary) Cardio-Vascular Dis. -

Exhaustion (duration) ..... yrs. 1- mos. ..... da.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Mary Brewer, M. D.

, 19 (Address) 1552 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: May 31 1926

20 UNDERTAKER: Wendell Duppler — ADDRESS: 37 Lan

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state C... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11038

E 11038

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E. Petry

(a) RESIDENCE No. 1320 N. Chester ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) November 24 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Abyssinia A. Petry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Abyssinia A. Petry
(Address) 1320 N. Chester St

15 Filed C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to May 28, 1926, that I last saw h~~im~~ alive on May 28, 1926, and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbs. Tuberculosis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab. signs

(Signed) Arthur L. Cope M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL May 31 1926

20 UNDERTAKER Henry Woerdehoff Son — ADDRESS 1301 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

9 1926

Spec.—1-10-21—M&T—1500 Bks.

E 11039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11039

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Leech Ave (Gardenville) ST., 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresia F. Butt

(a) RESIDENCE NO. 6 Leech Ave (Gardenville) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Butt

6 DATE OF BIRTH (month, day, and year) Feb. 4 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Simon Seidl

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

14 Informant Mrs. John L. Butt

(Address) 6 Leech Ave Gardenville

15 Filed MAY 29 1926 19 C. HAMPSON JONES, M.D. Registrar

By AKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1926, to May 28, 1926, that I last saw her alive on May 28, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Umbilical Hernia

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Valvulus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert E. Singewald M. D.

May 29 1926 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 1 1926
20 UNDERTAKER	ADDRESS
Feeney Hoerle Son	1501 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11040

CERTIFICATE OF DEATH.

129 **E 11040**

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 St Peter St. 213 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas P. Cornthwaite

(a) RESIDENCE NO. 720 St. Peter St. Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 11 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 18th 1862.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	2	14 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 0/3

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Robt. Cornthwaite.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Martha A. Harrod

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant Mrs. Ella L. Jones

(Address) 720 St Peter St

May 29 1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 6 1925, to May 27 1926, that I last saw h..... alive on " ", 19....., and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 4 mos. 21 ds.

CONTRIBUTORY (Secondary) Uremia Coma

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Microscope

(Signed) Jas. T. Cooper, M. D.

May 29, 1926 (Address) 762 N. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial May 29 1926.

20 UNDERTAKER John F. Cowan & Son ADDRESS 901 Holliday

John F. Cowan

29 1926

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11041 E 11041

CERTIFICATE OF DEATH.

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospt. Ward 4-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edell

(a) RESIDENCE No. 326 N. Paca St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Edell

6 DATE OF BIRTH (month, day, and year) March 14 58

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothes Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Henry Edell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Volant

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country) [illegible]

14 Informant Wife Hannah Edell (Address) 326 N Paca St

15 [illegible] 1926 C. HAMPSON JONES, M. D. Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 27, 1926, that I last saw h[illegible] alive on May 27, 1926, and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL May 29 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 11042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11042

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced Dead at [illegible] on Arrival

Registered No. 0

City of BALTIMORE: (No. ——— St., ——— Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Grammer

(Residence in Baltimore: No. 622 So. Fulton Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 27 1867
(Month) (Day) (Year)

7-AGE, 59 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John A. Grammer

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER, Georgiana Poole

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Grammer

(Address) 622 So. Fulton Ave

15- Filed 1926 Registrar. RKM

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

15 min.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Thos. B. Fulton M. D.
(Coroner.)

May 27 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, May 29 1926

20-UNDERTAKER George L. Schwab ADDRESS 2101 Fulton Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 11043

E 11043 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor & Dukeland ST., 70 WARD)

2-FULL NAME Henry Rippman

(a) RESIDENCE NO. 142 Collins Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Minnie (nee Hucke)

6 DATE OF BIRTH (month, day, and year) Sept 20. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Rippman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ralph Rippman (Address) 142 Collins Ave

Filed MAY 29 1926 C. HAMPSON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/26 .1926. to 5/27 .1926

that I last saw him alive on 5/27 .1926.

and that death occurred, on the date stated above, at 5.55 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farba, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 29 1926

20 UNDERTAKER Wm. H. Witzke — ADDRESS 1531 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 11044 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11044

CERTIFICATE OF DEATH.

1682

1-PLACE OF DEATH

City of BALTIMORE (No. 1134 N. Mulberry St. 18-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Domino

(Residence in Baltimore: No. 1134 N. Mulberry St.; yrs. 2 wks mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1878 (Year)

7-AGE 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER Anthony Domino

11-BIRTHPLACE OF FATHER, (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Cesare

(Address) 1134 N. Mulberry St.

15-

MAY 29 1926 C. HAMPSON JONES, M. D. Registrar.

Per A.H.B.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation by hanging

Self Suicide

Duration mos. ds.

CONTRIBUTORY (Secondary)

Duration mos. ds.

(Signed) Thos. P. Hutton M. D. (Coroner.)

May 28 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, White Castle La. Cemetery DATE OF BURIAL, 5/30/26

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Avenue

THE CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11045 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11045

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 St. Paul ST.: 12 WARD) REGISTERED NO. 123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lamb Cox

(a) RESIDENCE. NO. 3016 St. Paul ST., 12 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Cox (deceased)

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Emerson Lamb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Esther Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Cox
(Address) 3016 St Paul

15 Filed MAY 29 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to May 28, 1926, that I last saw her alive on May 28, 1926, and that death occurred, on the date stated above, at 5.45 A. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Fracture of Femur

(duration) 0 yrs. 1 mo. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Wohme, M. D.

5/28/1926 (Address) 3014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 30 1926

20 UNDERTAKER ADDRESS

Chas. E. Franck & Co. 822 Madison St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11046

CERTIFICATE OF DEATH.

74-601

E 11046

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., 11 Ward)

2-FULL NAME Rev. Edwin Alcorn.

(a) RESIDENCE NO. 812 N. Eutaw St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 3 1848

7 AGE: Years 78; Months; Days 26; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer

9 BIRTHPLACE (city or town)_____ (State or country) Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) Unknown

14 Informant Rev W. A. Freelentuer

(Address) 804 N Eutaw St

15 Filed_____, 19____ Registrar

C. HAMPSON JONES, M. D.

Per L.E.H.

MAY 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to May 29, 1926, that I last saw him alive on May 29, 1926, and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Watt W Eagle, M. D.

5-29, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Johns Cem "Waverly" — Date of Burial: May 31 1926

20 UNDERTAKER: Henry W. Jenkins & Sons Co — ADDRESS: Orchard & McCulloh

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11047 E 11047

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH Bellevue City Hospital

CITY OF BALTIMORE: (No.) 1 Bellevue Ave (ST.) 14-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Robertson

(a) RESIDENCE NO. 1710 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	32 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Georgia
(State or country)

PARENTS

10 NAME OF FATHER Tim Robertson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Georgia

12 MAIDEN NAME OF MOTHER Darcy ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Georgia

14 Informant Hospital Records
(Address) Bellevue City Hospital

15 Filed 5 29 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per AWH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26- 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-20- 1926, to 5-26- 1926,

that I last saw h[illegible] alive on May 26 1926,

and that death occurred, on the date stated above, at 0 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum C
Metastasis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Jos. T. Champer M. D.

Bellevue City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

Per Wm. A. Woodall MAY 29 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11048

E 11048

CERTIFICATE OF DEATH

49

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Redmond

(a) RESIDENCE NO. 1209 Hollins St. ST., WARD

(Usual place of abode)

Length of residence in city or town where dead 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	63 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inmate at Institution

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Redmond

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hospital Records
(Address) Balt. City Hospitals

15 Filed 2 9 1926 C. HAMPSON JONES, M. D. Registrar
By AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 1925 to May 26 1926

that I last saw him alive on May 26 1926

and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of Neck.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Tests

(Signed) H. V. Chaffee M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11049 E 11049

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 16-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Watson Washington

(a) RESIDENCE NO. 1407 W. Lafayette Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	53yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 010

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAY 29 1926, 19 C. HAMPSON JONES, M. D. Registrar Per MKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 26, 1926, that I last saw him alive on May 26, 1926, and that death occurred, on the date stated above, at 10:45P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) H Lindsay Hallett, M. D.

5/28/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL May 27 1926

20 UNDERTAKER Adolphus Halsted

ADDRESS 904 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 11050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11050

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 N. Milton Ave. WARD) 9-6

2-FULL NAME Anna Agnes (Mary Ballman)

(a) RESIDENCE No. 1000 E. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word)

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 28-1926.

7 AGE: Years | Months | Days: 15 minutes | If LESS than 1 day, hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ None

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Daniel R. Ballman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret A Keefe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Daniel R Ballman (Address) 1000 E. Lanvale St.

15 Filed 5 29 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28- 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to May 28, 1926, that I last saw h[illegible] alive on May 28, 1926, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH was as follows:

Premature Birth — with mal-fracture

(8th month of gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hanglen M. D.

0/28 1926 (Address) 1216 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Park | DATE OF BURIAL [illegible] 1926

20 UNDERTAKER [illegible] | ADDRESS [illegible] Rutland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11051

CERTIFICATE OF DEATH.

170 E 11051

1-PLACE OF DEATH Pronounced dead at Hopkins Hospital REGISTERED NO.

City of BALTIMORE: (No. 2509 McElderry St St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Drabek

(a) RESIDENCE NO. 2509 McElderry St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Drabek

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Kepper

(b) General nature of industry, business, or establishment in which employed (or employer) Near Beer Saloon

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithuania ?

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant R. F. Curley (Undertaker)

(Address) 1621 N. Washington St

15 5/29/1926 C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-Pistol shot wound-rt temple-Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Paker, M. D.

(Coroner)

5/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery Date of Burial May 31 1926

20 UNDERTAKER Richard F. Curley ADDRESS 1621 N. Wash St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 11052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 727 St Peter (ST.) 21-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A Lewis

(a) RESIDENCE NO. 727 St Peter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1848

7 AGE — Years: 78 — Months: — Days: 23 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Jacob Spady

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Jane Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: William J Wilson

(Address) 727 St Peter St

15 Filed MAY 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to May 29, 1926,

that I last saw her alive on May 27, 1926,

and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

5/29, 1926 (Address) 517 Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: May 31 1926

20 UNDERTAKER: George J Smith

ADDRESS 153 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11053

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 11053

REGISTERED NO.

CITY OF BALTIMORE: (NO. Aged Men's Home ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E Tittle

(a) RESIDENCE. NO. 1400 W. Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Tittle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne's Co Md

12 MAIDEN NAME OF MOTHER Sarah Hanson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs L. B. Tittle Wife 1400 W Lexington

15 Filed MAY 30 1926, 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 19 , to May 29, 19 26, that I last saw h alive on May 28, 19 26, and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Norwood M. D.

19 (Address) May 29 1926 933 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 31 1926
20 UNDERTAKER George J Smith	ADDRESS 153 L Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11054

CERTIFICATE OF DEATH.

E 11054

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 246 Harrison Street St. H-3 Ward)

2-FULL NAME Toki Goldman

(a) RESIDENCE NO. 246 Harrison St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Goldman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	—	a	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Isidore Singer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie Berlsky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

(HAMPSON JONES, M. D.)

15 Filed MAY 30 1926 Per K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 28 - 26

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to May 29, 1926, that I last saw h.. alive on May 27, 1926, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Phlebitis Right Leg.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

5/29. 1926 (Address) 733 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Nash Rd Date of Burial 5/30 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Morningstar

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11055

CERTIFICATE OF DEATH.

1-001

E 11055

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No.) ST. 14-1 WARD)

2-FULL NAME Robt. Morningstar

(a) RESIDENCE NO. Riderwood Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 7th 1913

7 AGE: Years 12 Months 10 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer): School Boy

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Riderwood Baltimore and

PARENTS

10 NAME OF FATHER: Samuel Morningstar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary Garrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Samuel Morningstar

(Address): Riderwood Balto Co and

15 Filed MAY 30 1926, 19

C. HAMPTON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to May 28, 1926.

that I last saw him alive on May 28, 1926.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas Cantrell, M. D.

May 29, 1926 (Address) Franklin Sq Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill Cemetery

DATE OF BURIAL: May 31/1926

20 UNDERTAKER: Fisher Burns & Sons

ADDRESS: Towson Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11056

CERTIFICATE OF DEATH.

E 11056
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 Norwood ave St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F McDonnell

(a) RESIDENCE NO. 417 Norwood ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. _____ mos. _____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or ~~Divorced, (write the word)~~: married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Susie McDonnell

6 DATE OF BIRTH (month, day, and year): Jan 29. 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
56.		3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas McDonnell

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Donnan

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Baltimore Md

14 Informant Susie McDonnell

(Address) 417 Norwood ave

15 Filed ..... 19 .....

MAY 30 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 28, 1926, that I last saw h.. alive on May 27, 1926, and that death occurred, on the date stated above, at 5-26 m.

The CAUSE OF DEATH* was as follows:

Cancer Pancreas

28 Months

(duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) ....yrs. ....mos. 5 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thomas F. Brophy, M. D.

, 19 (Address) 9 E 19th St. Charles So

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial May 31 1926

20 UNDERTAKER: Rott & Turner Sons ADDRESS 1942 Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 11057

1 PLACE OF DEATH

E 11057
REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Thomas

(a) RESIDENCE NO. 806 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred under mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hod Carrier 5

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Daniel Easton (Undertaker)

(Address) 916 Penna Ave

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22nd/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis-Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Paton, M. D.
(Coroner)

5/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

M. McCabe Sec. May 30/26

20 UNDERTAKER Daniel Easton ADDRESS 916 Penna Ave

MAY 30 1926 JAMES H. JONES

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11058 (90) E 11058

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 17-2 ST. BALTIMORE CITY HOSPITALS WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Champhor or Elizabeth Rachel Campher

(a) RESIDENCE No. 646 Greenwillow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Beelby Md.
(State or country)

PARENTS

10 NAME OF FATHER Dennis Brown

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Brown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant (Address) Baltimore City Hospitals Records

15 Filed MAY 30 1926 Registrar HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to May 27, 1926.

that I last saw her alive on May 27, 1926.

and that death occurred, on the date stated above, at 10:45a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

5/28/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL May 31/926

20 UNDERTAKER David Easter ADDRESS 916 Eutaw.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 11059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 11059

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. St. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Barnett

(a) RESIDENCE No. 1525 Orleans Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

1896

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Basil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed MAY 30 1926 19 Per R K C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to May 28, 1926, that I last saw him alive on May 28, 1926, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological and Clinical findings

(Signed) Harry H. Nesbitt M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	May 31/1926
20 UNDERTAKER Dunn Eastern	ADDRESS 976 Park

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 11060

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Balto - St. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isidore A. Morris -

(a) RESIDENCE NO. 2303 Whittier Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? 24 yrs. 2 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 22 1902

7 AGE: Years 24 Months 2 Days 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob A. Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Bessie Winder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs Jacob Morris

(Address) 2303 Whittier Ave

15 Filed [illegible] 1926 Per [illegible] Registrar

C. HAMPSON JONES, [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-28 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 1926, to 5-28, 1926, that I last saw him alive on 5-28-, 1926, and that death occurred, on the date stated above, at 3.05 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis. C

Acute Cardiac - Dilatation

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lymphosarcoma, Chest

(Duration) 8 yrs. - mos. - ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Empirical and X-Ray

(Signed) W. C. Lehmann M.D.

5/28 1926 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cemetery

DATE OF BURIAL: 5/29 1926

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto st

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11061

CERTIFICATE OF DEATH.

74001 E 11061

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Ravenwood ave ST. 8-1 WARD)

2-FULL NAME Francis Steelberg

(a) RESIDENCE. No. 3206 Ravenwood ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Steelberg

6 DATE OF BIRTH (month, day, and year) Oct 6, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Jno Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Francis Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Daughter) Mrs A W Keller
(Address) 3206 Ravenwood Ave

15 Filed MAY 30 1926, 19.. Registrar PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1926, to May 28, 1926

that I last saw h er alive on May 28, 1926

and that death occurred, on the date stated above, at 5.0 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A Avery, M. D.

, 19 (Address) 1603 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairmount Balt Co	May 31 19 26

20 UNDERTAKER Wm H Cook ADDRESS 502 Edmondson

HAMPSON JONES, M. D.
Registrar of Vital Statistics

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important.

Spec.—12-9-25—A Co.—200 Bks.

Dr Thurs. Not Eaton Lane

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11062

CERTIFICATE OF DEATH.

72 E 11062

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1008 Woodley St. 16-4 Ward)

2-FULL NAME Grace B Tucker

(a) RESIDENCE NO. 1008 Woodley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis R Tucker

6 DATE OF BIRTH (month, day, and year) Jan 15 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Salto Md

PARENTS

10 NAME OF FATHER Samuel Tucker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Slatton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Ellis R Tucker

(Address) 1008 Woodley St

15 Filed MAY 31 1926 19 C. HAMPSON JONES Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 1 1926, to May 29 1926, that I last saw h.... alive on May 28 1926, and that death occurred, on the date stated above, at 4.05 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Eichenlaub M. D.

, 19 (Address) 16 E Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington, Harford Co. Md. Date of Burial June 1 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave

Of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 11063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 9-1 90

City of BALTIMORE: (No.) 720 Mc. Kewin Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina M. E. Lerp

(a) Residence No. 720 Mc. Kewin Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 29/60

7-AGE, 66 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) in shoe factory

(c) Name of employer J. Monahan Shoe Co

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Theodore Lerp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Hemkle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Rita Sheppard

(Address) 720 Mc Kewin Ave

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

JAN 30 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 28/26

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to May 28, 1926, that I last saw h[illegible] alive on May 21, 1926, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Carcio valvular, mitral Cicency, (dilatation of heart)

stid

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemaplegia (cerebral hemorrhage)

(Duration) yrs. 1 mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Kemp, M. D.

May 28, 1926 (Address) 502 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western — DATE OF BURIAL, May 31, 1926

20-UNDERTAKER Wm Cook — ADDRESS 562 E Nash Ave

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 1

E 11064

CERTIFICATE OF DEATH.

E 11064
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt. City Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mc Connell

(a) RESIDENCE NO. 641 N Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): not known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not known

6 DATE OF BIRTH (month, day, and year): Feb 9-1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Balt City

(State or country): Md

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: John C. Mc Connell.

(Address) 1061 Towson Ave Woodberry Md.

15 Filed ..... 19 .....

RA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 5 ds.

(Signed) Samuel D. Cohen M. D.
(Coroner)

, 1926 (Address) 325 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem Date of Burial May 31 1926.

20 UNDERTAKER: Wm Cook ADDRESS 502 E Fayette St

APR 30 1926

Very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11065

E 11065

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 N. Gilmor ST., 16-7 WARD)

2-FULL NAME John Wiquis Moore

(a) RESIDENCE NO. 709 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude M. Gould

6 DATE OF BIRTH (month, day, and year): Apr. - 1858

7 AGE: Years 68 Months 1 Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer: None Regular

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs. Ethel Gale

(Address) 709 N. Gilmor

15 Filed MAY 30 1926 JAMESON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21st, 1926, to May 27th, 1926, that I last saw h[illegible] alive on May 27th, 1926, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary): Senility

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs.

(Signed) Joseph Gale, M. D.

, 19 (Address) 709 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Md. | DATE OF BURIAL: May 30 1926

20 UNDERTAKER: Mrs. R. G. Elliott | ADDRESS: 1735 Ashland Av.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

1946 P 11066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 43 E 11066

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Esther P. Chandler

(a) RESIDENCE NO. 400 W. 160th St. ST. Nev. WARD York - N-Y-
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles P. Chandler

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 9-CC-

PARENTS

10 NAME OF FATHER P. G. Price

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Esther Canny

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 30 1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to May 30, 1926, that I last saw her alive on May 30, 1926, and that death occurred, on the date stated above, at 3 45 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Jaw

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) secondary hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? Yes Date of Feb. 17 1926

Was there an autopsy? No

What test confirmed diagnosis? Path Exam

(Signed) Garfield M Freer, M. D.

5/31/19 (Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Island, Ill. DATE OF BURIAL Mar 30 1926

20 UNDERTAKER John O. Mitchell ADDRESS 120 W. Fayette St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11067

CERTIFICATE OF DEATH.

X 74-001 E 11067

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. agnew ✓ Hice

(a) RESIDENCE NO. 141 College Ave ST., WARD Beaver Pa.
(Usual place of abode) Beaver, Pa. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? 57 yrs. 4 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE~~ of Mrs agnes Mc[illegible], Hice

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work attorney

(b) General nature of industry, business, or establishment in which employed (or employer) Law

(c) Name of employer See

9 BIRTHPLACE (city or town) Beaver Falls
(State or country) Penna

PARENTS

10 NAME OF FATHER Henry Hice

11 BIRTHPLACE OF FATHER (city or town) Hanover Township Beaver Co.
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Ruth Raeston

13 BIRTHPLACE OF MOTHER (city or town) Hanover Township
(State or country) Penna.

14 Informant Wife - Mrs. A. H. Hice
(Address) Beaver, Pa.

15 Filed MAY 30 1926, 19 RK, Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to May 30, 1926, that I last saw him alive on May 30, 1926, and that death occurred, on the date stated above, at 4.25 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Belvedere Hotel Baltimore, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) C. H. Berlinghof, M. D.

, 19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beaver-Beaverb-Penna DATE OF BURIAL May 30 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

MAY 30 1926

Cor.—12-9-25—A Co.—200 Bks. Leon Piontek

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11068

CERTIFICATE OF DEATH.

188-001 F 11068

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Emergency Hosp St. 22-1 Ward)

2-FULL NAME Leon Piontek

(a) RESIDENCE NO. 856 S Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Feb. 21-1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Frank Piontek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Rella Wisdanski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Frank Piontek

(Address) 856 S Eutaw St

15 Filed MAY 30 1926 C. HAMPSON JONES Registrar

By KK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above. 2.05

The CAUSE OF DEATH* was as follows:

Traumatic Amputation Both Arms (amputation) Shock

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(duration) yrs. mos. ds.

(Signed) Samuel Ashe M. D. (Coroner)

, 19 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial May 31 1926

20 UNDERTAKER John M. Weber ADDRESS 1803 Bank St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11069

CERTIFICATE OF DEATH.

112 E 11069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1954 W Pratt ST. 19-2 WARD)

2-FULL NAME Cardine Deis.

(a) RESIDENCE NO. 1954 W Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Deis

6 DATE OF BIRTH (month, day, and year) July 6, 1842

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Reininger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annietta Ruffner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bertha Remmel (Address) 1954 W. Pratt St.

15 Filed MAY 30 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1926 to May 28, 1926, that I last saw h[illegible] alive on May 27, 1926, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Chron. Gastritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Gustav Dill M. D.

5/29 1926 (Address) 1509 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL May 31, 1926

20 UNDERTAKER Chas. W. Dill.

ADDRESS 3109 Fredk, Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11070

CERTIFICATE OF DEATH.

90

E 11070

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 9 Beach St. Curtis Bay. St., 25-9 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Wm. Myers.

(a) RESIDENCE NO. 49 Fourth Ave. Wagner's Point. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If ~~MARRIED~~ widowed, of ~~WIFE~~ HUSBAND of ~~WIFE~~ Sophie M. Myers.

6 DATE OF BIRTH (month, day, and year) June 8, 1860.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saw filer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Myers.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Johanna ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Helen Richter. (daughter)

(Address) 49 Fourth Ave. Wagner's Point.

Filed MAY 30 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

5/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial: May 31 1926

20 UNDERTAKER: Lilly & Zeller ADDRESS: 405 S. Mo[illegible] St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11071

CERTIFICATE OF DEATH.

29 E 11071

1-PLACE OF DEATH Hebrew Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No. 24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Collins (Madaline Collins)

(a) RESIDENCE: No. 108 S. Chester ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Collins

6 DATE OF BIRTH (month, day, and year) June 24 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	53	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER Stephen Peters

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Amelia Aloal.

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant John L. Collins (Address) 108 S. Chester St.

15 Filed ..., 19.. Registrar

C. HAMPSON JONES, M. D.

MAY 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1926, to 5/28, 19 26.

that I last saw h[illegible] alive on 5/28, 19 26

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Chronic nephritis

Nracemia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical sym

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 31st 1926
20 UNDERTAKER Lilly-Zeiler	ADDRESS 403 E. Monument St

...TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11072

CERTIFICATE OF DEATH.

37-001 E 11072

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Jefferson ST. 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredrick Chase

(a) RESIDENCE NO. 1205 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	28	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer. 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Solomon Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Emma Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Solomon Chase

(Address) 522 Hanover St

15 Filed JUN 30 1926

16 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-28- 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-18- , 1926 to 5-28- , 1926,

that I last saw h— alive on 5-27- , 1926,

and that death occurred, on the date stated above, at 8.10 A m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) Don't know. yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

5-28-1926 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. DATE OF BURIAL May 31 1926

UNDERTAKER Chas. H. Johnson ADDRESS 416 N Carolina

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11073

CERTIFICATE OF DEATH.

129 **E 11073**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2520 West Baltimore St. 20-3 Ward)

2-FULL NAME Edwardena Schlesinger

(a) RESIDENCE NO. 2520 West Baltimore St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. George Schlesinger

6 DATE OF BIRTH (month, day, and year) April 9th. 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER James Francis Bayne

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Mary Wilcox

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Centreville, Maryland

14 Informant William K. Schlesinger

(Address) 2520 West Baltimore Street

Filed MAY 30 1926 C. HAMPSON JONES, Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/10 1926 to 5/28 1926, that I last saw h[illegible] alive on 5/28 1926, and that death occurred, on the date stated above, at 11.10p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 2 yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dan'l Miller, M. D.

May 29 1926 (Address) 1500 North Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial May 31 1926

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N Balto St

This certificate must be filled out and signed by the physician, coroner, or other person authorized by law to do so, and delivered to the undertaker in charge of the body before a permit for burial will be issued. Every statement must be carefully considered, and answered according to the best knowledge and belief of the person signing the certificate. EACH STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11074

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 221 Singer St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Rufus Franklin

(a) Residence No. 221 Singer St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 11 1856

7-AGE, 69 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired U.S. Army Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Waterville Md

PARENTS.

10-NAME OF FATHER, Charles Franklin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Franklinville Carroll Co Md

12-MAIDEN NAME OF MOTHER, Sarah Hooper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Carroll Co Md

14- (Informant) Mrs Edyth Slinkman

(Address) 221 Singer Ave

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 28 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to May 28, 1926

that I last saw him alive on May 28, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) C.V.S. Bunn M. D.

5/28, 1926 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Taylorsville Md

DATE OF BURIAL, May 29, 1926

20-UNDERTAKER, Jos B Cook

ADDRESS 1003 N Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11075

CERTIFICATE OF DEATH.

179 E 11075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2234 Eagle ST. 20-6 WARD)

2-FULL NAME George H Belt

(a) RESIDENCE NO. 2234 Eagle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Belt

6 DATE OF BIRTH (month, day, and year) July 4" 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Yard man

(b) General nature of Industry, business, or establishment in which employed (or employer) Stock Yards. 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Belt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Julia Belt

(Address) 2235 Eagle Street.

15 Filed ....., 19.... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28- 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to May 28, 1926, that I last saw ~~him~~ alive on May 28, 1926, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial nephritis

Arteriosclerosis, Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Herbert C Thiele, M. D.

5/28/26 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 31 1926

UNDERTAKER Joseph B Cook

ADDRESS 1003 N Gilmor St

TION is very important. See instructions on back of certificates.

C. HAMPTON JONES,

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11076

CERTIFICATE OF DEATH.

× 49 E 11076

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., 22nd WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Joseph Linton.

(a) RESIDENCE NO. Perryville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Joseph Linton.

6 DATE OF BIRTH (month, day, and year) Sept 16, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	54	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) watchman 062

(c) Name of employer R R

9 BIRTHPLACE (city or town) Maryland, (State or country)

PARENTS

10 NAME OF FATHER John Linton

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Nancy Campbell

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Patient (Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MAY 30 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 30, 1926, that I last saw him alive on May 30, 1926, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas.
Chronic Cholecystitis.
(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of May 24-26

Was there an autopsy? No

What test confirmed diagnosis? J. Gunter

(Signed) C. B. Cova, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Cadbury Cem. DATE OF BURIAL June 2 1926

20 UNDERTAKER Rea & Patterson ADDRESS Perryville Md.

TION is very important. See instructions on back of certificates.

Spec.—1-10-1—M&T—1500 Bks.

1921 E 11077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ... ST. ... WARD)

2-FULL NAME Albert Bullock

(a) RESIDENCE No. 3135 Lyons Falls St. ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6 DATE OF BIRTH (month, day, and year) Feb 1 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer) ... 657

(c) Name of employer Walter Filey Ind

9 BIRTHPLACE (city or town) ... (State or country) Ind

PARENTS

10 NAME OF FATHER Jas. Bullock

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Eng

12 MAIDEN NAME OF MOTHER A. Mc York

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Ind

14 Informant Records

(Address) Johns Hopkins Hospital

15 Filed MAY 30 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22nd 1926 to May 28 1926, that I last saw h[illegible] alive on May 28 1926, and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Exophthalmic type of goitre

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/26/26

Was there an autopsy? No

What test confirmed diagnosis? Pathological section of Gland

(Signed) Warfield Longcope M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	May 31 1926
20 UNDERTAKER	ADDRESS
Engert & Meyer	414 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11078. 90 E 11078

CERTIFICATE OF DEATH.

E 11078

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST., 2151 Guilford Av WARD 19)

2-FULL NAME Mrs. Fannie V. Brickner

(a) RESIDENCE NO. Home for Incurables ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Brickner

6 DATE OF BIRTH (month, day, and year): 4-7-1861

7 AGE: Years 65 Months 1 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Chas. F. Rathe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Home for Incurables

(Address) 2151 Guilford Av

15 Dec 30 1926 C. HAMPSON JONES, M. D.

For Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1924 to May 28 1926.

that I last saw her alive on May 28 1926

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis with

chronic passive Congestion

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Cellulitis of lumbar

Region (duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) Wm. F. Mayo M. D.

May 29 1926 (Address) Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 31 1926

20 UNDERTAKER: Myers & Jones

ADDRESS: [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1920 & 30

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11079

CERTIFICATE OF DEATH.

E 11079

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Stalkneather

(a) RESIDENCE NO. Mayflower Rd — ST. Forest WARD 9 Ill
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 1st 1891

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Business

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Ill
(State or country)

PARENTS

10 NAME OF FATHER Chas. Stalkneather

11 BIRTHPLACE OF FATHER (city or town) Ill —
(State or country)

12 MAIDEN NAME OF MOTHER Mary Moyan

13 BIRTHPLACE OF MOTHER (city or town) Ill —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ... 19... C. HAMPSON JONES, M. D.
Registrar
MAY 31 1926 For RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1926. to May 30, 1926.
that I last saw him alive on May 30, 1926.
and that death occurred, on the date stated above, at 9:40 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis (Uremia)

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chicago

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Warfield M Jones M. D.

5/31, 1926 (Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill — DATE OF BURIAL May 31 1926

20 UNDERTAKER Henry W Jenkins Sons Co — ADDRESS Orchard & Gilmor

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11080

74-001

CERTIFICATE OF DEATH.

E 11080

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3821 Reisterstown Rd. St., 43 Ward)

2-FULL NAME Vincent De Paola

(a) RESIDENCE NO. 3821 Reisterstown Rd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa De Paola

6 DATE OF BIRTH (month, day, and year) Dec 8, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Italy

PARENTS

10 NAME OF FATHER Gaetano De Paola

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Italy

12 MAIDEN NAME OF MOTHER Giuseppa Parizzo

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Italy

14 Informant Vincent De Paola

(Address) 3821 Reisterstown Rd

MAY 31 1926

C. HAMPSON JONES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Feeman M. D.

(Coroner)

5/30 1926 (Address) 7C32 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cem	5/31 1926

20 UNDERTAKER Yerg & Ruth ADDRESS 1135 Hartford Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11081 (1926) — Ped — 101-001 — E 11081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 76-5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeannie Elliot

(a) RESIDENCE No. 3713 Forglen St. ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	13	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Chas. Elliot

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Laurie Forest

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 31 1926 C. HAMPSON JONES, M. D. Registrar
By KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to May 28, 1926, that I last saw h[illegible] alive on May 28, 1926, and that death occurred, on the date stated above, at 1 45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) J. Richardson, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	May 31 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc.	1710 Fleet St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11082

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 11082

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Washington ST., 7-2 WARD)

2-FULL NAME Louise Stecher

(a) RESIDENCE NO. 521 N. Washington ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND'S~~ (or) WIFE of John Stecher

6 DATE OF BIRTH (month, day, and year) July 21, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Peter Braun

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Denmark

12 MAIDEN NAME OF MOTHER Magdalena Nordmeyer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Howard Gierlich
(Address) 524 N. Washington St

15 Medical Examiner C. HAMPSON JONES, M. D.
MAY 31 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1926, to May 29, 1926, that I last saw her alive on May 28, 1926, and that death occurred, on the date stated above, at 7.36 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Loos, M. D.

6/30, 1926 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	June 1. 1926
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 East H.

IMPORTANT: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11083

CERTIFICATE OF DEATH.

44 E 11083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1159 Cleveland St. 21-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Hollmann

(a) RESIDENCE NO. 1159 Cleveland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia A. Hollmann

6 DATE OF BIRTH (month, day, and year) Jan 27. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Removed~~ Retired

(c) Name of employer Keith Salmon Co

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Marie A. Engelhardt

(Address) 1159 Cleveland St.

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M.D.

MAY 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926.

17 I HEREBY CERTIFY, That I attended deceased from 5/28 1926 to 5/29/26.

that I last saw h— alive on 5/29/26 19 .....,

and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach

Arteriosclerosis

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History, symptoms

(Signed) Bernard Young, M. D.

5/29/1926 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 1 1926

20 UNDERTAKER Mr. & Mrs. John N. Teufel & Son — ADDRESS 801 W. Fayette

IF IN ANY WAY IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11084

CERTIFICATE OF DEATH.

57 E 11084

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 711 N. Hamburg St. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Seiffe

(a) RESIDENCE NO. 711 N. Hamburg St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Seiffe

6 DATE OF BIRTH (month, day, and year) March 27/1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 03

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Seiffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hockenoud.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gottlieb Seiffe

(Address) 711 N. Hamburg St.

Filed MAY 31 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 1926 to May 29 1926, that I last saw him alive on May 29, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of foot

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. Hammerbacher, M. D.

May 29, 1926 (Address) 1715 E. Warren Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 31, 1926

20 UNDERTAKER Mrs. Mrs. John H. Teufel & Son — ADDRESS 80 W. Fayette St

IMPORTANT. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 11085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Central Ave Woodberry ST. 13th WARD)

2-FULL NAME Dorothy E. Schnaufer

(a) RESIDENCE. No. 3601 Central Ave Woodberry ST. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? 2 yrs. 9 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4th 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Schnaufer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Heckman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs John J. Schnaufer

(Address) 3601 Central Ave Woodberry

15 Filed MAY 31 1926 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24th 1926 to May 29th 1926

that I last saw her alive on May 28th 1926

and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulm - Coccus

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Some Violent

Contusion (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Clinical Findings

(Signed) B.O. Fuller, M. D.

May 31 1926 (Address) B.O. Fuller

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	May 31 1926
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2923 Eastern Ave

FOR IS very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11086

CERTIFICATE OF DEATH.

31

E 11086

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1655 Chiltonview St., 8-1 Ward)

2-FULL NAME Henry Ebenberger

(a) RESIDENCE NO. 1655 Chiltonview Dr St_____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hellen Ebenberger

6 DATE OF BIRTH (month, day, and year): Jan 22 1881

7 AGE: Years 45 Months 4 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Gustus Ebenberger

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Margraf

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant (Hellen Ebenberger)

(Address) 1655 Chiltonview Dr

15 Filed MAY 31 1926 C. GRAYSON JONES

Registrar

very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 May 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to May 29, 1926

that I last saw h... alive on May 24, 1926

and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Sudden

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) R. B. Howard, M. D.

5-30, 1926 (Address) 3543 Chestnut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem Date of Burial June 1 1926

20 UNDERTAKER Chenoweth Son ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1509 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11087

CERTIFICATE OF DEATH.

45 E 11087

1-PLACE OF DEATH Maryland Genl Hosp.

CITY OF BALTIMORE: (No. Madison & Linden ST. Ward 1)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. J. Davis

(a) RESIDENCE NO. 1406 William ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amelia Ryon

6 DATE OF BIRTH (month, day, and year) Dec. 19, 1860

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	65	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balt. Md.
(State or country)

PARENTS

10 NAME OF FATHER Amos Morris

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Mary Garvia

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Cornelius Davis
(Address) 1406 William st.

15 Filed MAY 31 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 30 1926, that I last saw h~~im~~live on May 30, 1926, and that death occurred, on the date stated above, at 2:15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Transverse Colon - Intestinal Obstruction

.....(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

.....(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? @ home

Did an operation precede death? ~~Yes~~ Date of May 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright, M. D.

, 19 (Address) Maryland Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Lenert County — DATE OF BURIAL June 2, 1926

20 UNDERTAKER F. A. Reaver & Son — ADDRESS 703 Hanover

ATION is Very Important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11088

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 11088

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1213 St. Mathews St. 5-1 Ward)

2-FULL NAME Charles Henry Hursey

(a) **RESIDENCE NO.** 1213 St. Mathews St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. City

(State or country)

PARENTS

10 NAME OF FATHER James H. Hursey

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Ada V. Walker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Ada V. Hursey

(Address) 1213 St Mathews St

15 Filed May 31 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 26

17 I HEREBY CERTIFY, That I attended deceased from May 28 1926 to May 28 1926, that I last saw h[illegible] alive on May 28, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

3 days (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Congenital Psychosis

Type (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. Edward Fisher, M. D.

5-29-1926 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laural Date of Burial May 31 1926

20 UNDERTAKER Lottie Gross ADDRESS 1405 McElderry

Very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 11089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72 E 11089

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Butler

(a) RESIDENCE NO. 1728 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years 76 yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER — Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Baltimore City Hospitals Blonds

15 Filed 3 1 1926 19 C. HAMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to May 29, 1926.

that I last saw him alive on May 29, 1926,

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Amy trophic Lateral Sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Laboratory

(Signed) R. Hooper Smith, M. D.

May 30, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 6-1st 1926

20 UNDERTAKER: George T. A. Gibson — ADDRESS: 1735 Lorig Ave

25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 ✓ E 11090

CERTIFICATE OF DEATH.

E 11090

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Fuller Howden

(a) RESIDENCE NO. 3915-Cloverhill-Road St. _____ Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ?, mos. ?s. How long in U. S., if of foreign birth? 35 yrs. 1 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth F.S.Howden

6 DATE OF BIRTH (month, day, and year) April-30-1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Supt. of Co

(b) General nature of industry, business, or establishment in which employed (or employer) Empire Construction Company

(c) Name of employer

9 BIRTHPLACE (city or town) Beaufort

(State or country) S.C.

PARENTS

10 NAME OF FATHER Fred.J.Howden

11 BIRTHPLACE OF FATHER (city or town) ? ?

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Eliz.Bostick

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) S.C.

14 Informant Mrs.E.F.S.Howden (wife)

(Address) 3915-Cloverhill-Road.

15 Filed MAY 31 1926 By C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 30, 1926, that I last saw him alive on May 30, 1926, and that death occurred, on the date stated above, at 11.45 A.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary) Pulmonary embolism

(duration) ....yrs. ....mos. ? min ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Walt W. Eagle, M. D.

5/30, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savannah, Ga. Date of Burial: May-31-1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS: 108 W. NORTH AVE.

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11091 74-801 **E 11091**

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 E. Ostend St. 24-1 WARD)

2-FULL NAME Annie Martha Marshall

(a) RESIDENCE NO. 137 E. Ostend ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Marshall

6 DATE OF BIRTH (month, day, and year) June 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sunbury
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER David Houghton

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Hoffman

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Pa.

14 Informant Alice Houghton
(Address) 137 E. Ostend St.

15 Filed MAY 31 1926, 19 C. HAMPSON JONES, M.D. Registrar
Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1926, to May 30, 1926 that I last saw her alive on May 29, 1926, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M. L. Leichtenberg, M. D.

19 (Address) 2224 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sunbury Pa	May 31 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11092 — 1-REGISTERED NO. OF DEATH

E 11092 — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2708 N. Charles St.; 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Susannah Hammond

(Residence in Baltimore: No. 2708 N. Charles St St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March 26, 1853 (Month) (Day) (Year)

7-AGE, 73 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Anne Arundel Co Md.

PARENTS.

10-NAME OF FATHER, Joseph Benson

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co Md.

12-MAIDEN NAME OF MOTHER Mary S. Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beulah Hammond

(Address) 2708 N. Charles St.

15- C. HAMPTON JONES, M. D.

Filed 5 31 1926 191... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1926, to May 29th 1926, that I saw her alive on May 29 1926, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis
Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes; Arteriosclerosis

(Duration) 3 yrs. ... mos. ... ds.

(Signed) Frank S. Hundley M. D.

..., 191... (Address) 2512 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery DATE OF BURIAL, May 31, 1926

20-UNDERTAKER John Littlefield ADDRESS 201 W. Fayette St.

Spec.—12-9-25—A Co.—200 Bks.

Dr Mitchell 2112 Madison

E 11093

HEALTH DEPARTMENT—CITY OF BALTIMORE

99.00 E 11093

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 36 East 26th St. (or Ward) 12-3

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Leslie Wilson Jr

(a) RESIDENCE NO. 36 East 26th St. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 19, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Charles L Wilson

11 BIRTHPLACE OF FATHER (city or town) Balto,

(State or country) Md

12 MAIDEN NAME OF MOTHER Mae K Webster

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Charles L Wilson

(Address) 36 East 26th St.

MAY 31 1926 C. HAMPSON JONES, M.D.

Per RAK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to May 30, 1926,

that I last saw h.. alive on May 24, 1926,

and that death occurred, on the date stated above, at 7:50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) ...yrs. ...mos. 9 ds.

CONTRIBITORY Acute Cardiac Dilatation

(Secondary)

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Robert L. Mitchell, M. D.

5/31, 1926 (Address) 2112 W. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial May 31 1926

20 UNDERTAKER Wm Cook ADDRESS 512 E North Ave

Very important: See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11094

CERTIFICATE OF DEATH.

74-001

E 11094

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 261 Garrison Ave. 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Adler

(a) RESIDENCE NO. 261 Garrison St. Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Adler

6 DATE OF BIRTH (month, day, and year): Nov 15 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md

PARENTS

10 NAME OF FATHER Chas Adler

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Bridie Ulman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Louis M. Adler

(Address) 261 Garrison Ave

15 Filed ....., 19.. Registrar

Very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no

(duration) yrs. mos. ds.

5/28/24 (Signed) S. T. Hastings M. D.

(Coroner)

, 19 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Ner Shalom May 1

20 UNDERTAKER: ADDRESS

Wm Cook & Co 1 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

Wenzel.

E 11095

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 11095

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2330 N. Calvert ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Frederick Wenzel

(a) RESIDENCE NO. 2330 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Wenzel

6 DATE OF BIRTH (month, day, and year) Mar 9 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Penn R.R.

(b) General nature of industry, business, or establishment in which employed (or employer) Foreman 073

(c) Name of employer Penna Railroad Balto. Dist.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George Wenzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kubler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wife Georgia Wenzel.

(Address) 2330 Calvert St

Filed MAY 31 1926 C. HAMPSON JONES, M. D. Registrar

Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to May 29, 1926.

that I last saw him alive on May 20, 1926.

and that death occurred, on the date stated above, at 4.45 A.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

Cerebral Hemorrhage

(4th Stroke) Pontine

1st stroke on June 1/24

2nd Mar 24/25 (duration) yrs. mos. ds. over

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 1807 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: June 1 1926

UNDERTAKER: Jos. J. Iden ADDRESS: 156 N. Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11096

CERTIFICATE OF DEATH.

44 E 11096

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 136 aisquith St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Rosengarten

(a) RESIDENCE NO. 136 Aisquith St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 19 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Rosengarten

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Russia

14 Informant Mrs. Harry Silver

(Address) 136 aisquith St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5-30-26

17

I HEREBY CERTIFY, That I attended deceased from June 4th, 1926, to May 30th 1926

that I last saw h... alive on May 30th, 1926,

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

" " Gallbladder

" " Liver

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. J. Jaeckin, M. D.

, 19 (Address) 119 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave

Date of Burial: 5/31 1926

20 UNDERTAKER: Jos. Lewis

ADDRESS: 1439 E. Balt St

MAY 31 1926

RJL

Spec.—1-10-21—M&T—1500 Bks.

E 11097. HEALTH DEPARTMENT—CITY OF BALTIMORE E 11097.

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. David Genese

(a) RESIDENCE NO. 621 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. ~~11~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Howe

6 DATE OF BIRTH (month, day, and year) May 14/1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) London England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Thomas L. Genese

(Address) 621 N. Calhoun St

15 Filed MAY 31 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1926, to 5/30, 1926, that I last saw him alive on 5/30, 1926, and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Prostatic hypertrophy (benign)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) K. Farber, M. D.

, 19 (Address) W. B. & H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL June 1st 1926

UNDERTAKER E. Carson. Kennard

ADDRESS 723 W. Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11098 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11098

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E. 25th ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin J. Smead

(a) RESIDENCE NO. 120 E. 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte West

6 DATE OF BIRTH (month, day, and year) July 17, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Smead

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances C. Willi...

13 BIRTHPLACE OF MOTHER (city or town) Oneda
(State or country) New York

14 Informant Mrs. Chatlotte W. Smead
(Address) 120 E. 25th. Street

15 Filed ... 19 ... HAMPSON JONES, ...
Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28 19 26

17 I HEREBY CERTIFY, That I attended deceased from 5/25/26, to 5/28, 19 26

that I last saw ~~him~~ alive on 5/27/26 19...,

and that death occurred, on the date stated above, at 11-30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 7 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Gray M. D.

5/29/26 (Address) 6 W. Mt. Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 5/31 19 26

20 UNDERTAKER: Henry W. Mears & Son — ADDRESS: N. Calvert & St

MAY 31 1926

For ... KK

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11099
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

E 11099
Registered No.....

City of BALTIMORE: (No. 1203 N. Patterson Park Ave. St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... William Edward Davis

(a) Residence No. 1203 N. Patterson Park Ave. St., ... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	Single, Married, Widowed, or Divorced (Write the word.)
male	white	married

5a-If married, widowed or divorced, HUSBAND of (~~or WIFE of~~) Albenia Davis

6-DATE OF BIRTH (month, day and year) Mch. 7. 1847

7-AGE.	If LESS than 1 day.
79 yrs. 2 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (city or town)..... Oxford
(State or Country), England

12-MAIDEN NAME OF MOTHER, Catherine L. Cook

13-BIRTHPLACE OF MOTHER (city or town). Baltimore Co.
(State or Country), Maryland

14-
(Informant)..... Lennie Davis
(Address)..... 1203 N. Patterson Park Ave.

15-
Filed ..... 19..
C. HAMPSON JONES, M. D.
Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 29. 1926

17- I HEREBY CERTIFY, That I attended deceased from June 10, 1925 to May 27, 1926
that I last saw him alive on May 24, 1926
and that death occurred, on the date stated above, at 9:45 P. m.
The CAUSE OF DEATH* was as follows:
Hardening of Arteries
(Duration) 1 C yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Brain Hemorrhage
of Parietal Lt
(Duration) ..... yrs. 2 mos. 3 ds.

18-Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. C. Warren M. D.
5/31, 1926 (Address) 3901 Harrison

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	June 1, 1926
20-UNDERTAKER, Taylor & Bond Inc.	ADDRESS 424 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

192205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11100

CERTIFICATE OF DEATH.

X 31 E 11100

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME James Easen

(a) RESIDENCE NO. Macclesfield N-C ST.,— WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Gaston Easen

11 BIRTHPLACE OF FATHER (city or town) N-Car. (State or country)

12 MAIDEN NAME OF MOTHER Betty Peoples

13 BIRTHPLACE OF MOTHER (city or town) N-Car. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

JUN 1 - 1926 Filed

HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 29, 1926, that I last saw h-l-l-live on May 29, 1926, and that death occurred, on the date stated above, at 7 20 P.M.

The CAUSE OF DEATH* was as follows:

Generalized glandular & pleural tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Pneumonia (Broncho)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray & pathological findings

(Signed) Louis E Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (3) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilson N C

DATE OF BURIAL June 1 19 26

UNDERTAKER Joseph Ahrens

ADDRESS 221 N Bway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11101

CERTIFICATE OF DEATH.

27-5 31 ✓ E 11101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 W. Woodland Ave. St., (or Ward)

2-FULL NAME Warren D. Snydam

(a) RESIDENCE NO. 104 W. Woodland Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Florence Snydam

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
~~41~~	39	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Advertising

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Increased Sales Co. Balto.

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Edw. W. Snydam

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Carrie Kattenbach

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mrs. Edw. W. Snydam

(Address) New Brunswick N.J.

15 Filed 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 30, 1926

that I last saw ~~him~~ alive on May 30, 1926

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

& Laryngeal "

(duration) yrs. 3 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James S. Ashmead, M. D.

May 30 1926 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial New Brunswick N.J. June, 1926

20 UNDERTAKER ADDRESS

Wm. J. Tucker Edmondson Ave & Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11102

E 11102

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Paterson Park Ave. WARD)

2-FULL NAME Robert Leroy Callins

(a) RESIDENCE NO. 806 N Patterson Park ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Sept. 20/1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Francis Callins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Francis Callins

(Address) 806 N. Patterson Park ave.

15 Filed JUN 1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-29-1926

17 I HEREBY CERTIFY, That I attended deceased from 5-15-1926 to 5-29-1926 that I last saw him alive on 5-28-1926 and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation Status Rheumatic

Chorea 9 yrs Ted Region

(duration) 9 yrs. 9 mos. 9 ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Ford Thompson M.D.

1926 (Address) 800 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral Cemetery

DATE OF BURIAL: June 1 1926

UNDERTAKER: George J. Roth

ADDRESS: 1735 Harford ave.

Cor.—12-9-25—A Co.—200 Bks.

E 11103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001 E 11103

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 12-3 Ward)

2-FULL NAME John W.J. Sutter 3rd

(a) RESIDENCE NO. 2828 N. Calvert St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) April 14/24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	1	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John W.J.Sutter Jr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary L. Burke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant John W.J.Sutter Jr.

(Address) 2828 N. Calvert St.

15 Filed 1926 C. HAMPSON JONES, M. D.

Per R.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Otitis Media-probably Mastoiditis (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Carter, M. D.

(Coroner)

5-31-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial June 1926

20 UNDERTAKER J.H. Cook ADDRESS 502 E. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 11104 E 11104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 10-2 WARD)

2-FULL NAME Lizzie Fink

(a) RESIDENCE NO. 1204 E. Eager St. ST., Balt. WARD Pro —
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Fink

6 DATE OF BIRTH (month, day, and year) Nov 11, 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	11	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Ohd

(c) Name of employer

9 BIRTHPLACE (city or town) Md — (State or country)

PARENTS

10 NAME OF FATHER Henry Schmitter

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Mary Kruse

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to May 30, 1926, that I last saw her alive on May 30, 1926 and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary infection? Bronchopneumonia?
Myocardial insufficiency

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Obesity, hypertension

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel — DATE OF BURIAL June 1 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

1926 E 11105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 11105

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-4 WARD)

2-FULL NAME Amanda Whitcomb

(a) RESIDENCE No. 310 S Foster Ave ST., Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Whitcomb

6 DATE OF BIRTH (month, day, and year) Sept 24, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid —

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Richard Cullum

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Eliz. Preston

13 BIRTHPLACE OF MOTHER (city or town) Md — (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed N 1 - 1926 C. HAMPSON JONES, M. D. Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

1 Myocardial failure, myocardial degeneration

2 Intestinal Obstruction

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Syphilis Cerebral Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? —

Did an operation precede death? Yes Date of May 12 1926

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Henry A. Peterson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL June 3 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E North Ave.

Spec.—12-9-25—A Co.—200 Bks.

Dr Bush, 2814 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11106

CERTIFICATE OF DEATH.

90

E 11106

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1305 Ready Ave St. 27-9 Ward)

2-FULL NAME Julia S Vaughan

(a) RESIDENCE NO. 1305 Ready Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luther Vaughan

6 DATE OF BIRTH (month, day, and year): June 3. 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER: Richard Ennis

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER: Sarah Ward

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant: C. H. Willis

(Address) 1305 Ready Ave

15 Filed_____ 19____ C. HAMPSON JONES, M. D. Registrar

____ - 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 30, 1926, that I last saw h.. alive on May 30, 1926 and that death occurred, on the date stated above, at 11.20 p. m.

The CAUSE OF DEATH* was as follows: Left sided Hemiplegia due to Cerebral Hemorrhage

(duration) —yrs. —mos. 7 ds.

CONTRIBUTORY (Secondary): Arterio Endocarditis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted? "

If not at place of death?_____

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? "

(Signed) Effie Bush, M. D.

5/31, 1926 (Address) 2814 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va Date of Burial June 1 1926

20 UNDERTAKER: W. M. Cook ADDRESS 502 E Hoch Ave

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11107. **E 11107.**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 S Clinton St. 26-8 Ward)

2-FULL NAME James A. Martin

(a) RESIDENCE NO. 1011 S. Clinton St. Ward 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Martin

6 DATE OF BIRTH (month, day, and year) July 29. 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)

(State or country) E. Va

PARENTS

10 NAME OF FATHER Robert L Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Martha R Mulligan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) E. Va.

14 Informant Anna Martin

(Address) Martinsburg, W. Va.

15 Filed JUN 1 1926 19 Per C. HARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner)

, 19 26 (Address) 3325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg, W. Va Date of Burial June 2 1926

20 UNDERTAKER Statham Work ADDRESS 502 E North Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 11108

HEALTH DEPARTMENT—CITY OF BALTIMORE

90~

CERTIFICATE OF DEATH.

241

REGISTERED NO. E 11108

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David S. Wingrove.

(a) RESIDENCE NO. 706 William St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. --- mos. --- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Widower.

5a If ~~married~~, widowed, ~~or divorced~~, ~~wife~~ HUSBAND of ~~deceased~~ Alice G. Wingrove.

6 DATE OF BIRTH (month, day, and year) January 28, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Thomas Wingrove.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Elizabeth Tucker.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond, Va.

14 Informant David F. Wingrove. (son)

(Address) 706 William St.

Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

RT - 1926. BK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

5/31 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 706 William St. May 28 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 1 1926

20 UNDERTAKER J. J. Tschorn & Sons ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11109

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 11109

REGISTERED NO.

CITY OF BALTIMORE: (No. 1620 W Lexington ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie Edwards

(a) RESIDENCE NO. 1620 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: D. G. Mack

(Address) 1620 W Lexington.

Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/15/ 1926 to 5/28/ 1926.

that I last saw her alive on 5/28/26 19

and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. W. Lawrence, M. D.

5/31/ 19 26 (Address) 1232 W. Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 6/1/26 19

20 UNDERTAKER: Jas. B. Hemsley

ADDRESS 578 N Bridle

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11110 E 11110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1318 N. Stockton ST. WARD 15-13

2-FULL NAME Sarah E. Thomas

(a) RESIDENCE NO. 1318 N. Stockton ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	col	widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Jno. Thomas

6 DATE OF BIRTH (month, day, and year) May 13 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Garden Hotel

(c) Name of employer Barr Howard House

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Oliver Thomas Son

Address 1318 Stockton St.

Filed 1926 HAMPSON JONES, M. D.

1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926, to May 28, 1926,

that I last saw her alive on May 28, 1926,

and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) [illegible], M. D.

May 27, 1926 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Auburn Cem

DATE OF BURIAL 6/1 1926

20 UNDERTAKER Samuel F. Hensley

ADDRESS 1778 Riddle

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11111
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 **E 11111**
REGISTERED NO.

City of BALTIMORE: (No. 2485 Shirley Ave., St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Kremen

(a) RESIDENCE NO. 2485 Shirley Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced, (write the word): Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) July --1911

7 AGE — Years: 14 — Months: 10 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Kremen
11 BIRTHPLACE OF FATHER (city or town):
(State or country) Russia
12 MAIDEN NAME OF MOTHER Rebecca Aaron
13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Russia

14 Informant Abraham Kremen
(Address) 2485 Shirley Ave.

15 Filed JUN 1 - 1926 19 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30 1926, to May 31, 1926, that I last saw him alive on May 31, 1926, and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

Acute Mitral Insuff. + Stenosis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute dilatation of heart
(duration) yrs. mos. ds.

18 Where was disease contracted? Balto.
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Phys. exam.
(Signed) Jacob Cohen, M. D.
5/31, 1926 (Address) 2235 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rogedal Southern Date of Burial 6/1 1926

20 UNDERTAKER: Jack Sard ADDRESS 1407 E Baltimore

Spec.—1-10-21 M&T 1500 Bks.

Bernotis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11112

CERTIFICATE OF DEATH.

44

E 11112

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. ..... WARD)

2-FULL NAME Anthony Bernotis

(a) RESIDENCE NO. 308 N Carey ST., ... WARD .....

(Usual place of abode) 30 7mo (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 38 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1876 (1876 ?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	50.	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Peter Bernotis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Caroline Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant ..... (Address) Hoop Records

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

1-1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to May 30, 1926.

that I last saw him alive on May 30, 1926.

and that death occurred, on the date stated above, at 12:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

Unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Clin Find

(Signed) W. W. McPhee Jr. M. D.

May 30 1926 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 3 - 1926

20 UNDERTAKER John Grablauckas — ADDRESS 423 S Pora St

Spec.—1-10-21—M&T—1500 Blks.

E 11113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 11113

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Charles St. ST., 11-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Victoria Irvin

(a) RESIDENCE NO. 1120 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 2nd 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6 8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner 019

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md. (State or country)

PARENTS

10 NAME OF FATHER John Irvin

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Clautice

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant John. Irvin

(Address) 1120 N. Charles St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 4 20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis -

(duration) So not kuw yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Edward F. Smith M. D.

5/31, 1926 (Address) 16 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL June 3rd 1926

20 UNDERTAKER Henry W. Jenkins & Son Co. ADDRESS Orchard & McCulloh Sts

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11114

CERTIFICATE OF DEATH.

74-001

E 11114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1627 N. Calvert (ST.) 12-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Carver

(a) RESIDENCE NO. 1627 N. Calvert St (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Carver

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Thomas Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Mr. Herbert Getz

(Address) 1627 N. Calvert St

15 Filed 1 1926 19 C. HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28th, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to May 28, 1926, that I last saw her alive on May 28, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Celebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Kemblum M. D.

, 19 (Address) 74 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: June 2 1926

20 UNDERTAKER: John F. Loewer & Son

ADDRESS: 901 Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11115

CERTIFICATE OF DEATH.

90

E 11115

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md ST. 23 WARD)

2-FULL NAME Mary Bradley -

(a) RESIDENCE NO. 1109 Sharp Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1893.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33 Years -			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Geo Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louisa ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address) Baltimore City Hospitals

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

NT - 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-28- 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 30- 1926. to May 28- 1926.

that I last saw h alive on May 28 1926.

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows: -

Large Non Specific Ulcerative Lesion of Tongue & Buccal Mucous Membrane. Chronic Myocarditis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Myocardial Failure (duration) yrs. 2 mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Geo A. Champe Jr. M. D.

(Address) Baltimore City Hospitals -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion ch

DATE OF BURIAL June 1 1926

20 UNDERTAKER A. L. Brown & Son

ADDRESS 108 W. Monty

Spec.—1-10-21—M&T—1500 Blks.

E 11116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 11116

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Oxford ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Ross Washington

(a) RESIDENCE NO. 530 Oxford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Washington

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Washington (Address) 530 Oxford St

15 Filed JUN - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to May 29, 1926, that I last saw h alive on May 29, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. 5 mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

5/29, 1926 (Address) 1230 E. Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	June 1 1926
20 UNDERTAKER	ADDRESS
Daniel Easton	Pa ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11117

178 E 11117.

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 Lavina Road St. 28-3 Ward)

2-FULL NAME Regina Ember

(a) RESIDENCE NO. 12 Lavina Road St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leo Aaron Ember

6 DATE OF BIRTH (month, day, and year): June 25 1885

7 AGE — Years: 40 — Months: 11 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Tobias Mandelstamm

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Chanet Berman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Mrs. Statler

(Address) 388 E Chesterfield Rd

15 Filed_____, 19____. C. HAMPSON JONES, M. D.

Registrar

JUN 1 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to Death

accidental (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) House Caught afire

(duration) yrs. mos. ds.

(Signed) J. J. Kennedy M. D.

(Coroner)

5/31/26 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ohel Shalom Cem. Date of Burial 6/1/ 1926

20 UNDERTAKER: Hard Sondheim ADDRESS 115 20 W. Pratt Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11118

CERTIFICATE OF DEATH.

178 E 11118

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 Lavina Road St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Ember

(a) RESIDENCE NO. 12 Lavina Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13-1919

7 AGE: Years 6 Months 6 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Harrow Ember

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Mandelstamm

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Ember

(Address) 828 Pendleton

Filed JUN 1 1926 S. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to Death

Accidental (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) House Caught afire

(duration) yrs. mos. ds.

(Signed) D. T. Weaver M. D.

(Address) 5/31, 1926

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Shalom Cem. Date of Burial 6/1/1926

20 UNDERTAKER Harry Sondheim ADDRESS 1830 W. Baltimore St. Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

E 11119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 11119

1-PLACE OF DEATH

City of BALTIMORE: (No. 2131 Jefferson St St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Getz

(a) RESIDENCE NO. 2131 Jefferson St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Jogn Getz

6 DATE OF BIRTH (month, day, and year) May 26/58

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Daniel Schwab

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Marie ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) France

14 Informant John E. Getz

(Address) 2131 Jefferson St

15 Filed ..... 19 C. HAMPSON JONES Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said her (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Chr. Nephritis

(duration) yrs. mos. ds.

(Signed) J. H. Dean M. D.

(Coroner)

5/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial 6/1 1926

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11120

E 11120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1278 Riverside Ave ST. 24-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ann Bergen

(a) RESIDENCE NO. 1278 Riverside ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hugh A Bergen

6 DATE OF BIRTH (month, day, and year) Feb. 22. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) housework

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER John Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridgett Fallon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hugh J Bergen
(Address) 1278 Riverside ave

Filed JUN 1 - 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1925, to May 30, 1926, that I last saw her alive on May 30, 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Starvation

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. H. Bruton, M. D.

6/31, 1926 (Address) 301 - E. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 6/1 1926

UNDERTAKER J. F. Lahey & Sons

ADDRESS 315 Light St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11121

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 Stockton St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rubie Brooks

(a) Residence No. 1124 Stockton St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sadie Brooks

6-DATE OF BIRTH (month, day and year) Feb. 8-1883

7-AGE, 43 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Janitor

(b) General nature of industry, business, or establishment in which employed (or employer). 923 Cathedral St.

(c) Name of employer. Mrs Bryant

9-BIRTHPLACE (city or town) (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, Perry Brooks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER, Susan Clifford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co. Md

14- (Informant) Sadie Brooks
(Address) 1124 Stockton St

15- Filed 1-1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 28, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 16, 1926 to May 28, 1926 that I last saw him alive on May 27, 1926 and that death occurred, on the date stated above, at 8.21 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Influenza Grippe 5 or 6 months

Lobar Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

May 28, 1926 (Address) 1209 Pleasant St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn — DATE OF BURIAL. June 1, 1926

UNDERTAKER, Virginia A. Brooks — ADDRESS 1463 N. Carey St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11122

E 11122

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

188-003

Registered No. C.....

City of BALTIMORE: (No. Union Memorial Hospital St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise K. Gephardt

(Residence in Baltimore: No. 2020 East North Avenue St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: January 11, 1897
(Month) (Day) (Year)

7-AGE: 29 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: George Brown

11-BIRTHPLACE OF FATHER, (State or Country): U.S.

12-MAIDEN NAME OF MOTHER: Elmira Norfolk

13-BIRTHPLACE OF MOTHER, (State or Country): USA

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Gephardt

(Address) 2020 East North Avenue

15-

Filed ..... 192.. C. HAMPSON JONES, M. D., Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 29, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Base of Skull

and Accidental

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) ..... M. D.
(Coroner.)

May 29 1926 (Address) 3632 Roland Avenue

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: June 1 1926

20-UNDERTAKER: Joseph B. Cook | ADDRESS: 1003 W. Lafayette St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11123

CERTIFICATE OF DEATH.

50 E 11123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland WARD 9-1)

2-FULL NAME Hugo Messer

(a) RESIDENCE NO. 422 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Messer

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer) 038

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Laurence Messer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER? Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address) Baltimore City Hospitals

Filed JUN 1 - 1926 HAMPSON L. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 22 - 1926 to May 30 1926.

that I last saw him alive on May 30 1926

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Large Papillomatous wall growing Bladder.

2nd Stage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Supra Pubic Cystotomy Cauterization and Drainage

Was there an autopsy? No What tests confirmed diagnosis? Clinical Microscopical

Signed Hugo Chaney M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL June 2nd 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11124

CERTIFICATE OF DEATH. 57

E 11124

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 W. Lexington St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Toft.

(a) RESIDENCE NO. 1314 W. Lexington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward T. Toft

6 DATE OF BIRTH (month, day, and year) March 10-1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Keeping House

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Patrick Garrett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Corcoran

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs Mary A. Balderston

(Address) 1314 W. Lexington St.

Filed ..... 19..... HAMPSON JONES, M. D. Registrar

JN1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1st 1921 to May 29 1926, that I last saw her alive on May 29 1926, and that death occurred, on the date stated above, at 11-55 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation.

(duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) over 5 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) [illegible] M. D.

May 31 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: June 2 1926

20 UNDERTAKER George J. Smith — ADDRESS 153 Fallsway

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11125

178

CERTIFICATE OF DEATH.

E 11125

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 Lavinia Road St., 28 Ward) Hillen

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Zibler

(a) RESIDENCE NO. 12 Lavinia Road St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day and year) Sept 3rd, 1904

7 AGE: Years 2, Months 8, Days 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: Mr. Embert

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Wm Zibler

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Buerkitzer

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Mrs Christine Foos

(Address) 130 S Eutaw St

C. HAMPSON JONES, M. D.

15 Filed _____, 19____ Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 31, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon, and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned to death accidental

1 day

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. T. Hennig M. D.

(Coroner)

5/7/26, 19 (Address) 2802 Eastern.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial June 1st, 1926

20 UNDERTAKER: F. S. Hufford ADDRESS: 1850 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 11126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11126

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25th-W WARD)

2-FULL NAME Martin Browne

(a) RESIDENCE No. 140 E 150th St N Y City ST., 2nd WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Brawner

6 DATE OF BIRTH (month, day, and year) May 1st 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N Y (State or country)

PARENTS

10 NAME OF FATHER Edw Brawner

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Kennedy

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. Helen Browne (Address) 140 E. 150th St N Y City

15 Filed JUN 1 1926 19 Registrar C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-5 , 1926 , to 5-31 , 1926 ,

that I last saw him alive on 5-31 , 1926 ,

and that death occurred, on the date stated above, at 5.35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Senile Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 14, 1926

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J Theron Hunter, M. D.

5/31, 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York — DATE OF BURIAL June 1926

20 UNDERTAKER F. B. Wesfuet — ADDRESS 1850 W. Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

135 E 11127.

E 11127.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 713 Lenox Street St. 13-6 Ward)

2-FULL NAME Harry Gross

(a) RESIDENCE NO. 713 Lenox St., St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Gross

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hebrew Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Gross

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Pessie ------

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.

Filed _____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 5, 19 26, to May 31, 19 26, that I last saw him alive on May 31, 19 26, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ____ yrs. ____ mos. 9 ds.

CONTRIBUTORY (Secondary) Hypertrophy of prostate, benign

(duration) ____ yrs. ____ mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? [redacted]

(Signed) A. E. Goldstein M. D.

, 19 (Address) 330 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltimore Hebrew Cemetary 6- 1-19 26

20 UNDERTAKER ADDRESS

Eagle Levy 1439 E. Baltimore St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11128

161-001

CERTIFICATE OF DEATH.

E 11128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5601 Garrison Ave 27-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Oldenburg

(a) RESIDENCE. NO. 5601 Garrison Ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not

6 DATE OF BIRTH (month, day, and year) 5/30/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
				14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August J Oldenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mabel Shultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant August J Oldenberg (Address) 5601 Garrison Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31/1926

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to May 31, 1926, that I last saw h[illegible] alive on May 31, 1926, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
at 6½ mths uterogestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. W. Keown, M. D.

5/31/1926 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	6/1/1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11129

CERTIFICATE OF DEATH.

161-001

E 11129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5601 Garrison Ave ST.) 27-3 (WARD)

2-FULL NAME Ernest Oldenburg

(a) RESIDENCE. NO. 5601 Garrison Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 5/30/26

7 AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August J Oldenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mabel Shultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant August J Oldenburg (Address) 5601 Garrison Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/30/26, 19 , to 5/31/26, 19 , that I last saw him alive on 5/31/26, 19 , and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth at 6½ mths uteru-gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical diagnosis

(Signed) J W Keown, M. D.

5/31/1926 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	6/1 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

E 11130

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 211 W. 29th St ST. 12-3 WARD)

2-FULL NAME Virginia Dashiell Owens

(a) RESIDENCE NO. 211 W. 29th St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~. (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: John Whitefield Owens

6 DATE OF BIRTH (month, day, and year): Oct 2nd 1887

7 AGE — Years: 38 — Months: 7 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles Dashiell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Tindall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr S. Watson

(Address): Sun Office

15 Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from August 6, 1923, to May 30, 1926, that I last saw h[er] alive on May 30, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Carcinomatosis; Vertebral, Hepatic metastases 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug 6 1923

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Ex. of Primary growth

(Signed) Louis F. Hamburger, M. D.

May 31, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: June 2nd 1926

20 UNDERTAKER: Henry W Jenkins & Son Co

ADDRESS: Orchard Marshall & St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11131

CERTIFICATE OF DEATH.

47

E 11131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 Collins av ST. 70-1 WARD)

2-FULL NAME Francis M Shields

(a) RESIDENCE NO. 323 Collins av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Shields

6 DATE OF BIRTH (month, day, and year) June 4-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	11	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Jersey
(State or country)

PARENTS.

10 NAME OF FATHER John Shields

11 BIRTHPLACE OF FATHER (city or town) New Jersey
(State or country)

12 MAIDEN NAME OF MOTHER Helen Roseham

13 BIRTHPLACE OF MOTHER (city or town) New Jersey
(State or country)

14 Informant Mrs Shields
(Address) 323 Collins av

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar
M1-122 Per P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 1925 . to May 30 . 1926
that I last saw her alive on May 30 . 1926 .
and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

1
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Metastasis Extended

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of June 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry J Shaw M. D.

5/31 . 1926 (Address) 321 N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 2 1926

20 UNDERTAKER John J Fields 1200 W Lombard st — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11132 — 100-001 — E 11132

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 W Lanvale ST. 16-5 WARD)

2-FULL NAME Carrie Arnold

(a) RESIDENCE No. 2010 W Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Hilkfad

DATE OF BIRTH (month, day, and year) June 10 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ohio
(State or country)

10 NAME OF FATHER Martin Hilkfort

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Mary Robbins
(Address) 2010 W Lanvale St. Balto. Md.

JUN 1 - 10 Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1926, to May 31, 1926, that I last saw h[illegible] alive on May 31, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. 1 mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M B Cumminsford, M. D.

6/1, 1926 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL D. Western — DATE OF BURIAL June 3 1926

20 UNDERTAKER H. L. Stubbs — ADDRESS 1200 W Lanvale

Spec.—1-10-21- 500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11133

CERTIFICATE OF DEATH.

90 E 11133

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Gollitzin Myers.

(a) RESIDENCE NO. Ebensburg. Pa. ST., WARD Ebensburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) April 11 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Ebensburg.
(State or country) Pa.

PARENTS

10 NAME OF FATHER James Myers. Thrustin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary J. Murray

13 BIRTHPLACE OF MOTHER (city or town) Ebensburg
(State or country) Pa.

14 Informant Mt Hope Records
(Address) Mt Hope.

15 Filed 1926 19 HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1924, to May 31, 1926, that I last saw h alive on May 31, 1926, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(arteriosclerosis)

Unknown. (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.
(duration) 45 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebensburg Pa. DATE OF BURIAL June 1 1926

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11134

CERTIFICATE OF DEATH.

100-001

E 11134

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Exeter ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Trigger

(a) RESIDENCE No. 421 N. Exeter ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24-1926

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City Md

(State or country)

PARENTS

10 NAME OF FATHER William Trigger

11 BIRTHPLACE OF FATHER (city or town) Alexandria Va

(State or country)

12 MAIDEN NAME OF MOTHER Mary Arrigo

13 BIRTHPLACE OF MOTHER (city or town) Balto City Md

(State or country)

14 Informant William Trigger

(Address) 421 N. Exeter St

15 Filed JUN 1 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 31, 1926

that I last saw him alive on May 30, 1926

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Primary

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano, M. D.

May 31 1926 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 6/1/26, 19

20 UNDERTAKER: George D. Tuth

ADDRESS: 1735 Hartford

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11135

CERTIFICATE OF DEATH.

E 11135

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 Mosher St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Brown

(a) RESIDENCE NO. 421 Mosher St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Athyle

(c) Name of employer Self

9 BIRTHPLACE (city or town)____

(State or country) Va.

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town)____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Martha —

13 BIRTHPLACE OF MOTHER (city or town)____

(State or country) Va

14 Informant Ethel Bizzell (Niece)

(Address) 309-V-St. N.W. Wash. D.C.

15 Filed____, 19____ C. HAMPSON JONES, M. D. Registrar

N 1 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

(Signed) C. H. Jones M. D.

(Coroner)

5/31, 16 (Address) 2502 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?____

Former or usual residence____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Harmony Cem. Wash. D.C. — Date of Burial Jun 2 1924

20 UNDERTAKER J. H. M. Johnson — ADDRESS 1234 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11136 — CERTIFICATE OF DEATH. — E 11136

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1504 N. Madeira ST., 8-3 WARD)

2-FULL NAME Marie Virginia Steg

(a) RESIDENCE No 1504 N. Madeira St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) February 3rd 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. Steg

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Weisman

13 BIRTHPLACE OF MOTHER (city or town) Glen Arm
(State or country) Maryland

14 Informant G. G. Steg
(Address) 1504 Madeira St.

15 Filed JUN - 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3rd, 1926, to May 31st, 1926, that I last saw her alive on May 31st, 1926, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Gustave Hoffa, M. D.

6/1, 1926 (Address) Cedar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	June 2 1926
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fulleston

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11137

CERTIFICATE OF DEATH.

57 **E 11137**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6-1 WARD)

2-FULL NAME Ella Roberton

(a) RESIDENCE NO. 16 N. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Wid.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870-Apr. 6

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56 yr.	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Ashbury White

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 1926 . 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Left Hemiplegia ? 5 mos. duration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6/1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Harn Inc

DATE OF BURIAL 6/3 1926

20 UNDERTAKER Ureann Cook

ADDRESS 502 E Nutt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11138 129 E 11138

CERTIFICATE OF DEATH.

11138

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mt Hope Retreat ST. 28 ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Noon

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 20 yrs. Known ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Noon

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt	53	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caulker 086

(b) General nature of industry, business, or establishment in which employed (or employer) Caulking -

(c) Name of employer

9 BIRTHPLACE (city or town) (?)
(State or country) Ireland

PARENTS

10 NAME OF FATHER John Noon

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary (?)

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Ireland

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope Md

15 Filed 1-1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1920, to May 30, 1926, that I last saw h alive on May 30, 1926, and that death occurred, on the date stated above, at 8-15 P m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis -

unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Depr Psychosis -
abt (duration) 6 or 7 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL June 21 1926

20 UNDERTAKER Geo M. Smith & Son ADDRESS 611 N Wolfe

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11139

CERTIFICATE OF DEATH.

E 11139

1-PLACE OF DEATH

City of BALTIMORE: (No. 2014 E Biddle St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bernard Francis Holden

(a) Residence No. 2014 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Anna Holden

6-DATE OF BIRTH (month, day and year) Aug 26-1877

7-AGE. 48 yrs. 9 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Plumber

(b) General nature of industry, business, or establishment in which employed (or employer). 059

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Holden

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, Mary Smith

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Ireland

14- Anna Holden (Informant)

(Address) 2014 E Biddle

15- C. HAMPSON JONES, M. D.

N1 - 1926 19?? by PK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 31-1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1926 to May 31 1926

that I last saw him alive on May 31 1926

and that death occurred, on the date stated above, at 5.55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Lowe M. D.

5/31 1926 (Address) 413 Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. June 3 1926

20-UNDERTAKER, Wm. Finnics & Carroll Inc. ADDRESS 4203 Reisterstown Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11140

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 602 S. Paca St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Henry Vogt.

(a) Residence No. 602 S. Paca St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Vogt.

6-DATE OF BIRTH (month, day and year) Feb 22 1854

7-AGE, 72 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cooper.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bremen-Germany

PARENTS.

10-NAME OF FATHER, — Vogt

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) George Vogt

(Address) 602 S. Paca St.

15- Filed 192 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 31 1926

17- I HEREBY CERTIFY, That I attended deceased from May 20 1926 to May 31 1926

that I last saw him alive on May 31 1926,

and that death occurred, on the date stated above, at 4.50 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 29 S East ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. F. Kerry M.D. M. D.

5/31, 1926 (Address) 1305 N Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, June 2 1926

20-UNDERTAKER, Ralph Penner ADDRESS 1 N. Bway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11141 — 1-PLACE OF DEATH

167-001

REGISTERED NO. E 11141

City of BALTIMORE: (No. 2220 E. Chase St St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Myers

(a) RESIDENCE NO. 2220 E. Chase St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Myers

6 DATE OF BIRTH (month, day, and year): Dec 8/1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Transfer Business

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry Myers

11 BIRTHPLACE OF FATHER (city or town).....

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Neffelaender

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country): Germany

14 Informant: Howard Myers (son)

(Address): 3317 E. Monument St

15 Filed 1 - 1926 19 C. HAMPTON JONES, M. D. Per ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 May 31/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide-(

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

(duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Carter, M. D.

(Coroner)

6/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: June 2nd 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11142

CERTIFICATE OF DEATH.

101-001

E 11142

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Wolfe St. ST., 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip J. Schmitt

(a) RESIDENCE NO. Notch Cliff Balto. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schmitt

6 DATE OF BIRTH (month, day, and year) July 12 - 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Schmitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Wehrle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph Schmitt (Address) 1010 Lowrie St Pittsburgh Pa.

JUN 1 - 1926 C. HAMPSON JONES, M. D. Registrar

Filed ..... Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to May 30, 1926,

that I last saw him alive on May 30, 1926,

and that death occurred, on the date stated above, at 4.00 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Passano M. D.

5-31-26, 19 (Address) 5-14 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
St. Michaels Cem. Pittsburgh Pa.	June 2 1926
UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11143

E 11143

CERTIFICATE OF DEATH.

118

REGISTERED NO.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) ST. 23-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hegarty

(a) RESIDENCE NO. 1314 Hanover ST - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	w	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hegarty

6 DATE OF BIRTH (month, day, and year) aug 22. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	52	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Noon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Carty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Evelyn Hegarty (Daughter)

(Address) 1314 Hanover St.

15 Filed June 5 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17

I HEREBY CERTIFY, That I attended deceased from 5/25, 1926, to 6/1, 1926.

that I last saw h alive on 6/1, 1926

and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia -

(Operated upon for large ventral hernia 5/26/26)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos 4 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/26/26 -

Was there an autopsy? no

What test confirmed diagnosis? Charted

(Signed) Clement B. Mason M. D.

June 1926 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL June 5 1926

20 UNDERTAKER Margaret D. Flynn

ADDRESS 1432 Light

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11144

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 11144

1-PLACE OF DEATH

City of BALTIMORE: (No. 46 Mallow Hill Ave St. 28-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Gonce

(a) RESIDENCE NO. 46 Mallow Hill Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. Appler Gonce

6 DATE OF BIRTH (month, day, and year) Feby 22 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Hub Clothing

(c) Name of employer Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Gonce

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Stein

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mrs. John T. Gonce

(Address) 46 Mallow Hill ave

Filed 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25 1925, to May 30 1926, that I last saw h— alive on May 29 1926, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Balto

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sign & symptoms

(Signed) W H Dedman M. D.

, 19 (Address) 2105 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial 6/2 1926

20 UNDERTAKER Margaret E. Flynn — ADDRESS 1432 Light

Spec.—12-9-25—A Co.—200 Bks.

E 11145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11145

CERTIFICATE OF DEATH.

57

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 N. Washington 6-2 Ward)

2-FULL NAME Mary C. Kaufman

(a) RESIDENCE NO. 214 N. Washington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Kaufman

6 DATE OF BIRTH (month, day, and year) Aug. 12 1871

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
54	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 37

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Henry B. Twist

11 BIRTHPLACE OF FATHER (city or town) Boston

(State or country) Mass

12 MAIDEN NAME OF MOTHER Mary A. Logue

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Mrs. Florence Dreuling

(Address) 214 N. Washington St.

15 Filed _____ 19 _____ Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to May 30, 1926, that I last saw h__ alive on May 30, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) unknown yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) ____ yrs. ____ mos. 2 ds.

Is Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

May 31, 1926 (Address) 2008 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 6/2 1926

20 UNDERTAKER Wm. J. Lichum & Sons ADDRESS Penna Ave

Spec.—1-10-21—M&T—1500 Blks.

E 11146 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11146

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mooney

(a) RESIDENCE NO. Inasmuch Mission ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James H. Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed 1926 C. HAMPSON JONES M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to May 28, 1926, that I last saw him alive on May 28, 1926, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Miller, M. D.

3/29/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11147. 31 E 11147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 3-1 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abe Spencer

(a) RESIDENCE NO. 836 E. Pratt st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Abe Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to May 28, 1926, that I last saw him alive on May 28, 1926, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pott's disease, cervical spine (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane Jr M. D.

5-28-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11148

CERTIFICATE OF DEATH.

E 11148

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1116 Brewer St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Montgomery

(a) RESIDENCE NO. 1116 Brewer St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): April 7, 1924

7 AGE: Years 2 Months 1 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Pa.

(State or country)

PARENTS

10 NAME OF FATHER Clarence Montgomery

11 BIRTHPLACE OF FATHER (city or town):

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Beatrice Hearn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Penn.

14 Informant Clarence Montgomery

(Address) 1116 Brewer St.

C. HAMPSON JONES, M. D.

15 Filed 19 Per Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 21 192 24

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner's inquest (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping cough

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones M. D.

(Coroner) 5/24/ 19 (Address) 2052 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where did disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

JONES

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11149 161-001 **E 11149**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Shields Alley St., 17-1 Ward)

2-FULL NAME Norman Smith

(a) RESIDENCE NO. 1113 Shields Alley St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) may 20, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Wm. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Rhoda Rheubottom

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt. Md.

14 Informant Annie Gould

(Address)

15 Filed _____, 19___ C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

premature birth

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary) 6 months

(duration) ___ yrs. ___ mos. 10 ds.

(Signed) Thos Edmondson M. D.
(Coroner)

6/30, 1926 (Address) 27 T. Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER Address

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 11150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 11150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Fleet Street ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine • E. Wisowitz WISOWITZ

(a) RESIDENCE NO. 2511 Fleet Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander • Wisowitz

11 BIRTHPLACE OF FATHER (city or town) Rosedale (State or country)

12 MAIDEN NAME OF MOTHER Helen. Kendzierski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or country)

14 Informant Mr. Alexander • Wisowitz

(Address) 2511 Fleet Street.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos 27 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Leger, M. D.

, 19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	June 2 1926
20 UNDERTAKER	ADDRESS
John F. Weber	803 Bank St

pec.—1-12-23—M&T—500 Bks.

E 11151 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11151

CERTIFICATE OF DEATH.

X 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St. 12-E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Kendricks

(a) RESIDENCE No. 1308 Catherine St. Philadelphia. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of V

DATE OF BIRTH (month, day, and year) Oct 13, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Not given

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Frank Kendricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Julia Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant Self

(Address)

G. HAMPSON JONES, M. D.

Registrar

Per

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 31, 1926, that I last saw him alive on May 31, 1926, and that death occurred, on the date stated above, at 6:14 A m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic nephritis certain Syphilis

(duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not given

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory and Clinical

(Signed) H. E. Trimble, M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Pa

DATE OF BURIAL 6/1/26

20 UNDERTAKER Baker R Williams

ADDRESS 322 North S Sweden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11152 E 11152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard & Greene St. 14-1 WARD)

2-FULL NAME Robert Owen Lazarus

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

S. S. Boverton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED Chief.

(a) Trade, profession or particulsr kind of work Engineer on S.S.

(b) General nature of industry, business, or establishment in which employed (or employer) British ship

(c) Name of employer S.S. Boverton

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant ..... (Address) Lombard & Green Streets

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/28/26 19..., to 6/31 19 26, that I last saw h[illegible] alive on 5/31 19 26 and that death occurred, on the date stated above, at 9:10 P.M.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis - Bilateral
F.B. & Empyema. Edema
& Complications

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) W. R. Rivolta, M. D.

May 31 '26 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery — DATE OF BURIAL June 2 '26

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Bal[illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11153 E 11153

CERTIFICATE OF DEATH.

8-4 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 E. Chase St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Brooks Lynas

(a) RESIDENCE. No. 2733 E. Chase St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Lynas

6 DATE OF BIRTH (month, day, and year) May 28-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	x	x	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work O.W.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Elizabeth Crawford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant William Lynas (Address) 2733 E. Chase St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per 1288

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1926 to May 30, 1926, that I last saw h[illegible] alive on May 29 1926, and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

CONTRIBUTORY (Secondary) Chronic Diffuse Nephritis (duration) yrs. 3 mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Frederick E. Stewart, M. D.

May 30 1926 (Address) 1301 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 2 1926
20 UNDERTAKER	ADDRESS
Wyhee & Jones Inc	1104 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 11154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11154

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH West Balto Gen Hosp

CITY OF BALTIMORE: (No.) Raynor Dukeland ST. (WARD) 23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs ~~[illegible]~~ Grace Pittman

(a) RESIDENCE NO. 211 Spalding Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J. Pittman

6 DATE OF BIRTH (month, day, and year) Feb 17-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Asbury Chilcoat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sammy Pittman
(Address) 211 Spaulding Ave

15 JUN 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30/26 19

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1926, to May 30, 1926, that I last saw h[illegible] alive on May 30, 1926, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chr Appendicitis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 211 Spaulding Ave

Did an operation precede death? yes Date of 5/24/26

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL June 2 1926

20 UNDERTAKER E. Le Roy Stiffler — ADDRESS 1252 North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11155

CERTIFICATE OF DEATH.

31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. State Penitentiary 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Nathan Edwards

(a) Residence No..... Salem Anne Arundel Co. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan. 15-1899

7-AGE. 27 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Salem Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, Jones Edwards

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Salem Anne Arundel Co.

12-MAIDEN NAME OF MOTHER, Maria Brady

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Salem Anne Arundel Co. Md.

14- (Informant) Md. Penitentiary

(Address) Baltimore Md.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 30-1926

17- I HEREBY CERTIFY, That I attended deceased from July 1 19 25 to May 30 19 26

that I last saw h. alive on May 30 19 26

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

1) Pulmonary Tuberculosis

2) Tubercular Peritonitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Miliary Tuberculosis (Duration) yrs. 1 mos. 20 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 10-926

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Albert L. Anderson M. D.

May 30, 1926 (Address) Md. State Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Marley Park Co. DATE OF BURIAL, 6/2nd 1926

20-UNDERTAKER Jos. Jos. Skinner ADDRESS 1625 E. Broad st

Spec.—1-10-21—M&T—1500 Bks.

(miller)

HEALTH DEPARTMENT—CITY OF BALTIMORE

11156 E 11156

CERTIFICATE OF DEATH

38

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. ..... ST. 16-7 WARD)

2-FULL NAME Mary Miller

(a) RESIDENCE NO. 709 N. Bruce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Miller

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Charles Miller
(Address) 709 N Bruce St

15 1926 C. HAMPSON JONES, M. D. Registrar
Per ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from 5/26, 19 26, to 6/29, 19 26, that I last saw h[illegible] alive on 5/29, 19 26, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure (Dr)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin & Aut

(Signed) [illegible], M. D.

May 31 19 26 (Address) Dist Green Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL June 2 1926

20 UNDERTAKER Robert E Wilkins — ADDRESS 1515 Mt St

Cor.—12-9-25—A Co.—200 Bks.

E 11157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11157

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1526 E. Balto. St St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Glick

(a) RESIDENCE NO. 1526 E. Balto. Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary _lick

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER David Glick

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Bennie Glick (son)

(Address) 1526 E. balto Md

Filed N2 - 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(History Hebrew Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Walker, M. D.

(Coroner)

6/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel Rd

Date of Burial: 6/2 1926

20 UNDERTAKER: H. Levinson & Bro

ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Blks.

Coroner's Case No. 2.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11158

CERTIFICATE OF DEATH.

66 E 11158.

REGISTERED NO. 3354

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hosp ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME O-M- Wested

(a) RESIDENCE No. 1305 N Calvert St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred under mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	45 yrs			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U S Labor

BIRTHPLACE (city or town) (State or country) Norway

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Hospital Record U S M H No 1

Filed 2 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30 11 a m 1926, to May 30 9 p m 1926, that I last saw him alive on May 30 9 a m 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Dilatation, acute, cardiac

H. Coroner's Inquest

Uremia (duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Alcohol, Chronic

Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) [illegible], M. D.

6/1/26 (Address) 862 Reliance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemet

DATE OF BURIAL 6/2 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 112 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11159 | CERTIFICATE OF DEATH. | 145 E 11159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 (Street) Lafayette Ave. (Ward) 8 W

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Davey

(a) RESIDENCE NO. 1608 E Lafayette Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos G. Davey

6 DATE OF BIRTH (month, day, and year): Dec 19 1897

7 AGE: Years 28 | Months 5 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Dietz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Stieb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Thomas G. Davey
(Address): 1608 E Lafayette ave

15 Filed 6-2-1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1926, to May 30, 1926, that I last saw her alive on May 30, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Walter W White Jr., M. D.

6/1, 1926 (Address) 1800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery | DATE OF BURIAL: June 2 1926

20 UNDERTAKER: Robt J Turner Jr | ADDRESS: 1442 N Broadway

Cor.—1-12-23—M&T—100 Bks.

Henry Brown

E 11160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11160

CERTIFICATE OF DEATH.

167-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N Para ST., 4-1 WARD)

2-FULL NAME Henry Braun

(a) RESIDENCE No 110 N Para ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) not known

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) not known
(c) Name of employer

BIRTHPLACE (city or town) Raleigh
(State or country) N.C.

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) not known

Informant
(Address)

DEC 2 • 1926 C. HAMPSON JONES, M. D.
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25/192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Strangulation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Harry H. Weber, M. D.
(Coroner.)

, 192 6 (Address) 93 25 Park Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

rec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11161

E 11161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 424 S. Sharp St. 22-1 WARD)

2-FULL NAME Premature Boyden

(a) RESIDENCE NO. 424 S. Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): 5/31/26

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	—	—	—	30 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Earl Boyden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Taylor P.O. W. Virginia

12 MAIDEN NAME OF MOTHER: Elizabeth Mary Church

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hundred W. Virginia

14 Informant: Earl Boyden

(Address): 424 S. Sharp

15 Filed: DEC 2 - 1926 Registrar: H. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/31, 1926, to 5/31, 1926, that I last saw her alive on 5/31 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Premature - 6½ mos

pregnancy -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) " Cant handle child since Premature " (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no -

What test confirmed diagnosis? none

(Signed) Dan'l Churchill M. D.

(Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

ree.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11162

CERTIFICATE OF DEATH.

1624 E 11162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 Woodyear ST., 15-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Reale

(a) RESIDENCE NO. 1551 Woodyear ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black.	Baby

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) May 31, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

BIRTHPLACE (city or town) 1551 Woodyear St.
(State or country) Baltimore, Md.

10 NAME OF FATHER Samuel Reale.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Curtis

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

Informant C. R. Wilson
(Address) 1702 Westwood Ave.

Filed 5-31 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17

I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to ....., 19 .

that I last saw him alive on May 31, 1926,

and that death occurred, on the date stated above, at 4-15 P m.

The CAUSE OF DEATH* was as follows:

Foetal Asphyxia

.....

.....

.....(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Susanne R Parsons, M. D.

5-31 1926 (Address) 1702 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11163 146 E 11163

CERTIFICATE OF DEATH.

1-PLACE OF DEATH W. Balto Gen Hosp

CITY OF BALTIMORE: (No.) Rayner DuReland St., Ward 21

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Lindsay Fowlkes

(a) RESIDENCE NO. 1614 Jefferson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Fowlkes

6 DATE OF BIRTH (month, day, and year): [illegible] 1898

7 AGE: Years 28 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Alice Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: James Fowlkes
(Address): 1614 Jefferson st.

15 Filed 2 1926 Per ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-30 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/28 , 1926 , to 5/30/26 , 19 .

that I last saw her alive on 5/30/26 , 19 ,

and that death occurred, on the date stated above, at 4.25 a. m.

The CAUSE OF DEATH* was as follows:

Septicema — (Strep.)

11 hrs
(duration) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Incomplete abortion c Infection

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5/30/26 - 12 M.

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Herbert Bayley, M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakey Cemetery — DATE OF BURIAL: June 2 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11164

CERTIFICATE OF DEATH.

31 E 11164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1573 W Mulberry St. 19-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Alexander Whitley

(a) RESIDENCE: (No. 1573 W. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Whitley

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister of the Gospel

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Mary E. Whitley

(Address) 1573 W. Mulberry St.

15 1926 .19. G. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 — 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21 — 1926 to May 30 — 1926

that I last saw him alive on May 29 — 1926

and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. Coleman M. D.

(Address) 2035 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 6/2 1926

20 UNDERTAKER Samuel Kirsley

ADDRESS 67 W Balto

Cor.—12-9-25—A Co.—200 Bks.

11165

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 11165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. In trans to City Hospital ~~N.W. cor. Fulton Ave.~~ St., 17-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Firtley

(a) RESIDENCE NO. 533 W Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred under mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Firtley

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Louis Firtley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucy Graham

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Minnie Mintz

(Address) 533 Hoffman St

15 Filed ..... 19 ..... Registrar C. HAMPTON JONES, M. D.

1926 Per K K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: [redacted] Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Hawley, M. D.
(Coroner)

, 192 (Address) 325 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

Date of Burial 6/2 1926

20 UNDERTAKER Samuel Hawley

ADDRESS 578 N Bdle

Spec.—12-9-25—A Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

139

E 11166 PLACE OF DEATH

REGISTERED NO. E 11166

City of BALTIMORE: (No. South Balto Genl Hospt 14-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Morrow.

(a) RESIDENCE NO. 1517 Druid Hill Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~. (~~write the word~~): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 34; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Virginia.

(State or country)

PARENTS

10 NAME OF FATHER Wesley Veney

11 BIRTHPLACE OF FATHER (city or town): Virginia

(State or country)

12 MAIDEN NAME OF MOTHER Lucy Coleman.

13 BIRTHPLACE OF MOTHER (city or town): Virginia

(State or country)

14 Informant: Mrs Hatton

(Address) 1814 Druid Hill Ave

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M. D.

2NOG Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 20- 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to May 30, 1926; that I last saw h[illegible] alive on May 30, 1926, and that death occurred, on the date stated above, at 7 50 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Extensive Fibroids of Uterus

(duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? yes Date of May 14-26.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James W. Nelson, M. D.

, 19 (Address) 1213 Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loan Wlk. Va

Date of Burial: 6/2 26

20 UNDERTAKER: Samuel H. Wesley

ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 11167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11167

CERTIFICATE OF DEATH.

+185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Mann

(a) RESIDENCE NO. Finksburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 16 1922

7 AGE Years 4 Months — Days 14 15

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Mann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Evelyn Bowman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Samuel Mann
(Address) Finksburg

15 Filed NOV 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31. 26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31. 26 19 to Oct. 31. 26 19, that I last saw him alive on Oct. 31. 26 19 and that death occurred, on the date stated above, at 4 50 p m.

The CAUSE OF DEATH* was as follows:

Basal Skull Fracture.

Fracture of Left

O. R. G. T. Hennessy Coroner of No. 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental - fell over

Tent stone outside - Pleasure

yrs. mos. ds.

18 Where was disease contracted if not at place of death? cemetery

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson, M. D.

. 19 (Address) Union Memorial

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Finksburg Cemetery

DATE OF BURIAL May 2 1924

20 UNDERTAKER Edwards & Son

ADDRESS Reisterstown

J. F. Edwards & Son Reisterstown

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11168

CERTIFICATE OF DEATH.

3/4 E 11168

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Mosher ST. 16-6 WARD)

2-FULL NAME Gertrude E. Cook

(a) RESIDENCE NO. 1713 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Archie Cook.

6 DATE OF BIRTH (month, day, and year): Nov 27. 97

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
28	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Moses Bradford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Minnie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Archie Cook

(Address): 1713 Mosher

Filed JUN 2 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to May 30, 1926.

that I last saw h[illegible] alive on May 29, 1926.

and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. N. Natcher M. D.

5/31 1926 (Address) 1225 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bush Park Howard Co. Md.

DATE OF BURIAL: June 2 1926

20 UNDERTAKER: Wm. H. Chase Sons

ADDRESS: 1400 Mosher

Cor.—12-9-25—A Co.—200 Bks.

E 11169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11169

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

City of BALTIMORE: (No. 1401 Riverside Ave. St., 24-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gabriel H. Gabrielides

(a) RESIDENCE NO. 1401 Riverside Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. ---mos.--- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 13 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or HUSBAND of (XXXXXXXX) Anastasia Gabrielides.

6 DATE OF BIRTH (month, day, and year) January 18, 1891.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner.

(b) General nature of industry, business, or establishment in which employed (or employer) 019

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Turkey.

PARENTS

10 NAME OF FATHER Spiridomose Gabrielides

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Turkey.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Turkey.

14 Informant Nicholas Jordan.

(Address) 1401 Riverside Ave.

15 Filed _____ 19 Per C. HAMPSON JONES, M. D. Registrar

1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.
Acute dilatation of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner)

5/31 19 26. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 6/3 1926

20 UNDERTAKER George J. Ruth ADDRESS 1730 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

E 11170 HEALTH DEPARTMENT—CITY OF BALTIMORE

Ded

E 11170

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 1607 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Updyke

(a) RESIDENCE NO. 727 N. Carey ST., Balto WARD Md —
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: 11 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER James Updyke.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 6 40 P.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign Cerebellar. Glioma.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 31, 26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation Autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D. C.

DATE OF BURIAL: June 2 26

20 UNDERTAKER: Adolphus Holstead

ADDRESS: 907 N Eutaw St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11171

100-001

CERTIFICATE OF DEATH.

E 11171

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 4-1 WARD)

2-FULL NAME John W. Kellogg

(a) RESIDENCE No. 632 W. Lafayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
66 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Draughtsman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) New York

(State or country)

PARENTS

10 NAME OF FATHER Moses Kellog

11 BIRTHPLACE OF FATHER (city or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Marie Birkhead

13 BIRTHPLACE OF MOTHER (city or town) Pa.

(State or country)

14 Informant Baltimore City Hospitals

(Address)

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

No. 1926 Par.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 30, 1926, that I last saw him alive on May 30, 1926, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia +

Decubitus ulcers (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

(Address) 6/3/26 Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elmira N. Y.

UNDERTAKER Robert Brooks & Son

DATE OF BURIAL 6/2 1926

ADDRESS Calhoun Hollins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11172
1 PLACE OF DEATH

CERTIFICATE OF DEATH

100 001

REGISTERED No. E 11172

15-6

CITY OF BALTIMORE (No. 1820 Eutaw Place St.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C Judge

(Residence in Baltimore: No. 3307 Elgin Ave St.; 48 yrs. 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: January (Month) 16 (Day), 1878 (Year)

7 AGE: 48 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John P. Judge

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Catherine R. Nolan

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Jessie Cox

(Address) 3307 Elgin Ave

15 C. HAMPSON JONES, M. D.

Filed 2-1926 per ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 2 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to June 2 1926, that I saw him alive on June 1, 1926, and that death occurred on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Operation (antrum)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. O'Reilly M. D.

....., 191..... (Address) 108 N. Sutton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: June 4, 1926

20 UNDERTAKER: H. O'Meara & Son

ADDRESS: 105 N. Calvert St

Permission requested to remove to 3307 Elgin Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11173

CERTIFICATE OF DEATH.

129E 11173

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Riverside Ave. ST. 24-1 WARD)

2-FULL NAME Roxalana Reynolds

(a) RESIDENCE NO. 1429 Riverside Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Reynolds

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) P
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Samuel Harris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Rachael Mulford

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Jesse B. Reynolds
(Address) 1429 Riversida Ave.

15 Filed 6-2-1926, 19 C. HAMPSON JONES, M. D.
Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to May 31, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 11.45p, m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic int. nephritis hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) M. Lebkicher, M. D.

6/1, 1926 (Address) 1319 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 3 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Lights

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11174

CERTIFICATE OF DEATH.

16

E 11174

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2111 Bank St., 1-1 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Adam Iwanowski

(a) Residence No. 2111 Bank St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~ Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 1. 26

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 15 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Anton Iwanowski

11-BIRTHPLACE OF FATHER (city or town) Poland (State or Country),

12-MAIDEN NAME OF MOTHER, Stanislawa Cymanowski

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country),

14- (Informant) Anton Iwanowski

(Address) 2111 Bank St

Filed ..... 192 ..... Registrar

MAY 2 - 1926 HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 2. 26

17- I HEREBY CERTIFY, That I attended deceased from June 1 19 26 to June 2 19 26

that I last saw h... alive on June 2 19 26

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Reynolds M. D.

(Address) 801 N. Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, June 2 1926

20-UNDERTAKER, George J. Weber — ADDRESS 2205 Bank St.

Spec.—1-10-21—M&T—1500 Bks.

E 11175 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11175

CERTIFICATE OF DEATH

37-001

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ... St. ... Ward) Baltimore St & V

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Poisal

(a) RESIDENCE NO. 1600 N- Rogers St., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 0 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F-

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): — Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1 | 15 | 1921

7 AGE: Years 5 yrs — Months 5 4 — Days 1 16 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Samuel H Poisal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Florence R Hafel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Samuel H. Poisal

(Address): 1600 N Rogers St

15 Filed 1926 19 Per ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1926, to June 1st, 1926.

that I last saw her alive on June 1st, 1926,

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

Terminal Infection

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Th. Meningitis

5 wks (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes - 6-1-26

What test confirmed diagnosis? X-Ray Physical exam

(Signed) W. E. LONNON, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/4 1926

20 UNDERTAKER: George J Ruth — ADDRESS: 1730 Harford Ave

E 11176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11176

CERTIFICATE OF DEATH.

574-001

1-PLACE OF DEATH Pronounced dead at Franklin Sq. Hospital

Registered No. C.....

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Weaver

(Residence in Baltimore: No. 319 So. Payson St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Oct 15th, 1880 (Month) (Day) (Year)

7-AGE, 45 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Huckster
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS:

10-NAME OF FATHER, August Weaver

11-BIRTHPLACE OF FATHER, (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Rehland

13-BIRTHPLACE OF MOTHER, (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Weaver

(Address) 319 So Payson St

15- Filed May 2 1926 192.. C. HAMPSON JONES, M. D. Registrar. For K.K.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31st 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. 7 mos. 16 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. A. Koch M. D. (Coroner)

June 1 1926 (Address) Curtis Bay Balto. Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, June 3rd 1926

20-UNDERTAKER, Geo L. Schwab ADDRESS 310 Fred ave

Spec.—1-12-23—M&T—500 Bks.

E 11177

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 11177

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zora R.Giles

(a) RESIDENCE No. 802 W.Saratoga St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE 17

Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17 I HEREBY CERTIFY, That I attended deceased from August 26, 1925, to June 1, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis w/Deterioration, Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry E. Adams M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 4th 1926

20 UNDERTAKER A. Jones — ADDRESS 1111 S. Gilmor st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11178

91-002

CERTIFICATE OF DEATH.

E 11178

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2636 E. Monument St., A-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Quaty

(a) RESIDENCE NO. 2636 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Christopher Quaty Sr.

6 DATE OF BIRTH (month, day, and year): Jan 25/45

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	4	6 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Francis Severn

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Christopher Quaty Sr.

(Address): 2636 E. Monument St.

15 Filed, 19.

1320 Pct.

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1st 26

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to June 1, 1926, that I last saw her alive on May 31, 1926, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows: Cerebral Apoplexy - Sclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Conrad Pickert, M. D.

June 1 1926 (Address) 701 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: 6/4 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 206 Orleans St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11179

74-201

74 E 11179

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No. Baltimore ST. 10-L WARD)

2-FULL NAME Miss Mary McElroy

(a) RESIDENCE NO. 1504 Brentwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) House maid

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Chas McElroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cath McElroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret McElroy

(Address) 1504 Brentwood Ave

Filed ....., 19.. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 31, 1926

that I last saw him alive on May 31, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab. Test

(Signed) Clement J. Mowle, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL June 3 1926

UNDERTAKER Rita J. Kirkfield

ADDRESS 914 Greenmount Ave

JNZ - 10 THAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11180

CERTIFICATE OF DEATH.

90 E 11180

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sisters of the Poor St., 10-2 WARD)

2-FULL NAME Frank Dolitis.

(a) RESIDENCE NO. Preston & Patterson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: x

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 71 — Months: x — Days: x — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: x

(b) General nature of industry, business, or establishment in which employed (or employer): gds

(c) Name of employer

9 BIRTHPLACE (city or town) Turkey Dolitis

(State or country) Turkey in Asia

PARENTS

10 NAME OF FATHER Joseph Dolitis

11 BIRTHPLACE OF FATHER (city or town): x

(State or country)

12 MAIDEN NAME OF MOTHER Julia x

13 BIRTHPLACE OF MOTHER (city or town): x

(State or country)

14 Informant Sister, Florence

(Address) Preston & Patterson

15 Filed ....., 19 ..... HAMPSON JONES, M. D. Registrar

6-2-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

June 2, 1926 (Signed) F. A. Warner, M. D.

(Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: June 2 1926

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Greenmount Ave

Spec. 7-10-31—M&T—1500 Bks.

91 927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11181

E 11181

CERTIFICATE OF DEATH.

+ 49

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Marge Davis (MARY E. DAVIS)

(a) RESIDENCE No. Sherborn Mass. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 — mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Hampshire

PARENTS

10 NAME OF FATHER George F. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Hampshire

12 MAIDEN NAME OF MOTHER — Tibbets

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Hampshire

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to June 2, 1926, that I last saw her alive on June 2, 1926, and that death occurred, on the date stated above, at 2 15 A.m.

The CAUSE OF DEATH* was as follows:

Mediastinal tumor

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Sherborn, Mass.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X Ray.

(Signed) E. F. Wahl, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Farmington, New Hampshire — DATE OF BURIAL: 6/2, 1926

UNDERTAKER: Henry W. Mears & Son — ADDRESS: 405 N. Calvert

Via Penn. Parties at Grave — Escort — Henry S. Davis

E 11182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

478 E 11182

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen'l St., 23rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Aaron Ember

(Residence in Baltimore: No. 12 Laurina Road St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced (Write the word.): Married

6-DATE OF BIRTH: Dec. (Month) 25 (Day) 1878 (Year)

7-AGE: 47 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Professor
(b) General nature of industry, business, or establishment in which employed (or employer): Hopkins Univ.

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Mendel Ember

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Rebecca Kurtz

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ember

(Address) 12 Laurina Rd.

15- JUN 2 - 1926

G. HAMPSON JONES, M.D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 1 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns of body

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) J. T. Kemp M. D.
(Coroner.)

1926 (Address) 23 E. Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Chev. Shalom Cem. DATE OF BURIAL: 6/2/1926

20-UNDERTAKER: Harry Sondheim ADDRESS: 1117-30 Park Ave. Royal Rue

Spec.—6-9-19—H. P. Co.—1000 Bks.

Stem

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11183

CERTIFICATE OF DEATH.

E 11183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N Poppleton ST.: 18 WARD) REGISTERED NO. 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Stem

(a) RESIDENCE. NO. 22 N Poppleton ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Wht	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Westminster
(State or country) Md

PARENTS

10 NAME OF FATHER Newton Stem

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Winters

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant H. W. Stem
(Address) Westminster Md

Filed 1920 C. HAMPSON JONES, M. D.
Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1920

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to June 2, 1920, that I last saw her alive on June 2, 1920, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Norment, M. D.

June 2d 1920 (Address) 939 W Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Cem.	June 4 1920
20 UNDERTAKER	ADDRESS
H Bankard	Westminster

Cor.—12-9-25—A Co.—200 Bks.

E 11184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11184

185 Over

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp. St. 27-4 Ward)

2-FULL NAME John M. Peregoy

(a) RESIDENCE: No. Ridgeley Ave Mt. Wash Heights St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes H. Peregoy

6 DATE OF BIRTH (month, day, and year) Sept. 26- 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Building Supt.

(b) General nature of industry, business, or establishment in which employed (or employer) Thos. J. Hickey & Son

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Benj H. Peregoy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah K. Bull

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Lawrence A. Peregoy

(Address) Mt. Washington Hgts.

15 1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Fall—

Fract. of Neck. (Cervical vertebrae)

(duration) 0 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

(Signed) G. Gustav Boehm M. D.

(Coroner)

June 1/26 (Address) 1436 Bray.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmund Ridge Date of Burial June 4 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 603 Gallo Road

Cor.—12-9-25—A Co.—200 Bks.

E 11185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11185

CERTIFICATE OF DEATH.

38

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Volunteer Hospital St., 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida M Rosenway

(a) RESIDENCE NO. 722 W Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Rosenway

6 DATE OF BIRTH (month, day, and year) Sept 2 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Evans Fullerton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Evans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Charles F. Rosenway

(Address) 1127 Hanover St

15 1926 C. HAMPSON JONES, M. D.

Per A P W Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyelo Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel T. Snader, M. D.

(Coroner)

, 19 26 (Address) 325 East Pr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cemetery June 3 1926

20 UNDERTAKER — ADDRESS

Jos Joerdens Son 2173 Pac

Spec.—1-10-21 M&T 1500 Blks.

E 11186

HEALTH DEPARTMENT—CITY OF BALTIMORE

11186

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 16-6

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Chris Kattenborn

(a) RESIDENCE NO. 410 S 5th ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7 DATE OF BIRTH (month, day, and year): 1883

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	43yr.			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

10 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Fred. Kattenborn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Baltimore City Hospitals Records

15 Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1926

17 I HEREBY CERTIFY, that I attended deceased from May 26, 1926, to June 1, 1926, that I last saw him alive on June 1, 1926, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? clinical + laboratory

(Signed) W. Lindsay Miller, M. D.

6/1/1926 Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	June 3 1926
20 UNDERTAKER	ADDRESS
Wendell Hyppolite	37 Hanover St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11187 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11187

CERTIFICATE OF DEATH. 162

1-PLACE OF DEATH. Registered No.....

City of BALTIMORE: (No. 560 Robert St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Vida Vivian Hollamon

(a) Residence No. 560 Robert St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 1, 1926

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 17 hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Whalen Hollamon

11-BIRTHPLACE OF FATHER (city or town) Herford Co. (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Annie Dee Harrison

13-BIRTHPLACE OF MOTHER (city or town) Sussex Co. (State or Country), Va.

14- (Informant) Annie Hollamon
(Address) 560 Robert St.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.
Per ARH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 4 1926

17- I HEREBY CERTIFY, That I attended deceased from June 1 1926 to June 1 1926 that I last saw h[illegible] alive on June 1 1926 and that death occurred, on the date stated above, at 10[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Maternal nephritis

unknown (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

June 1. 1926 (Address) University Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, ..., 19....
20-UNDERTAKER.	ADDRESS

[illegible] OF MARYLAND [illegible] JUNE 2

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11188 — 90 E 11188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE—(NO) Baltimore Md (St.) 11-E (WARD)

2-FULL NAME Johnson Hall

(a) RESIDENCE NO 1121 McCulloh Street (Usual place of abode) WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: ~~White~~ Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871.

7 AGE — Years: 55 years. Months: Days: If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS
10 NAME OF FATHER John Hall
11 BIRTHPLACE OF FATHER (State or country) Baltimore Maryland
12 MAIDEN NAME OF MOTHER Lennie J.
13 BIRTHPLACE OF MOTHER (State or country) Baltimore Maryland

14 Informant Hospital Records (Address) Baltimore City Hospitals

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-27- 1926. to to May 31 1926.
that I last saw ~~him~~ alive on May 31 1926,
and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH was as follows:
Chronic Interstitial Obstruction
(Etiology unknown. 10 days-
Chronic Myocarditis
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Acute Myocardial failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Laboratory Tests
(Signed) Joseph Kraus Jr M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 3 1926

20 UNDERTAKER: Robert E Millikin — ADDRESS: 1515 W Lexington St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11189 — CERTIFICATE OF DEATH. — E 11189

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104, S. Regester ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta L. Geaser.

(a) RESIDENCE NO. 104 S. Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: May 30- 1926

6 DATE OF BIRTH (month, day, and year): 5/28/26

7 AGE — Years: — Months: — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Geaser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Nock.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm Geaser. (Address) 104 S Regester

15 - 1926 .19.. Registrar: C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to June 1, 1926, that I last saw her alive on June 1, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Ziemgler, M. D.

June 1, 1926 (Address) 1008 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary. DATE OF BURIAL: June 3 1926

20 UNDERTAKER: Wm Fiallowski ADDRESS: 1618 Eastern Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11190

122-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 Druid Hill Ave St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Loretta Owens

(a) Residence No. 1521 Druid Hill Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Owens

6-DATE OF BIRTH (month, day and year) Feb 24 1895

7-AGE, 31 yrs. 3 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer. Self

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Charles Rayner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Buckingham Co Va

12-MAIDEN NAME OF MOTHER, Jeanie Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), West Point Md

14- (Informant) Rebecca Lowens

(Address) 1521 Druid Hill Ave.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 31-1926

17- I HEREBY CERTIFY, That I attended deceased from April 20, 19 26 to May 31, 19 26

that I last saw h wife on May 30, 19 26

and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis

Nephritis (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical - Etc

(Signed) Wm. H. Wright M. D.

(Address) 1209 Presstman St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemtery

DATE OF BURIAL. June 3, 19 26

20-UNDERTAKER. Mrs S James & Dennis or F. C. Nelson

ADDRESS. 1303 Presstman,

Spec.—1-10-21—M&T—1500 Bks.

E 11191 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

E 11191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 529 N. Fremont ST. 173 WARD)

2-FULL NAME Elaine Hammond

(a) RESIDENCE NO. 529 N. Fremont ST., WARD ..
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs 9 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 1 1916

7 AGE — Years: 9 — Months: 9 — Days: 1 — If LESS than 1 day, brs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: Chester Hammond

PARENTS

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Fannie Downey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Fannie Downey
(Address) 529 N. Fremont Ave

15 Filed 1926, 19 C. HAMPSON JONES, M. D., Registrar
Ref.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to June 2, 1926.

that I last saw her alive on June 1, 1926

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis & nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. Carter, M. D.

, 19 (Address) 733 Dolphin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: June 4/1926

20 UNDERTAKER: Daniel Carson — ADDRESS 916 Pine

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11192 E 11192

CERTIFICATE OF DEATH.

REGISTERED NO. 7402

1-PLACE OF DEATH

City of BALTIMORE: (No. 1602 Pressbury St. Ward 15-13)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Belcher

(a) RESIDENCE NO. 1602 Pressbury St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year): about 1878

7 AGE: Years 48 Months 5 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework,

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)

(State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) [illegible]

14 Informant [illegible]

(Address) 1602 Pressbury St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) January 31 192 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

5/3/ 19 26 (Address) 1602 Pressbury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W Lawn Cem Date of Burial June 3 1926

20 UNDERTAKER: Daniel Carlon ADDRESS 916 Lane

Spec.—1-10-21—M&T—1500 Blks.

E 11193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11193

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1705 Clarkson ST. 43-2 WARD)

2-FULL NAME Leonard Booker

(a) RESIDENCE NO. 1705 Clarkson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5+ yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Booker

6 DATE OF BIRTH (month, day, and year): Oct 7-1853

7 AGE — Years: 72 — Months: 7 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

050

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary C. Booker
(Address): 1705 Clarkson St

15 Filed JUN - 1926 C. HAMPSON JONES, M. D. Registrar
Per M.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1926. to May 31, 1926.
that I last saw him alive on May 31, 1926,
and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M. L. Lichtenberg, M. D.

6/1, 1926 (Address) 1717 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int. Elmt Cem. | DATE OF BURIAL: June 3 1926

20 UNDERTAKER: F. A. Wanaeksom | ADDRESS: 703 Monroe St

Spec.—1-10-21—M&T—1500 Blks.

E 11194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 11194

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Fremont Ave ST. 167 WARD)

2-FULL NAME Harriet E Smith

(a) RESIDENCE NO. 826 N. Fremont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reynoldsville Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Georgiana Asper (Address) 826 N. Fremont Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per April

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to May 31, 1926.

that I last saw h alive on May 31, 1926

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia Coma (Convulsions)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Physical

(Signed) William H Wright, M. D.

June 1, 1926 (Address) 120 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centerville Md.

DATE OF BURIAL 6/3/26

20 UNDERTAKER Samuel T Hensley

ADDRESS 518 Eddie St.

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11195

CERTIFICATE OF DEATH.

90

E 11195

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Montgomery Ave St. 28-1 WARD)

2-FULL NAME Esther J. (David) Kinsley

(a) RESIDENCE No. 3804 Montgomery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of or) WIFE of John Davis.

DATE OF BIRTH (month, day, and year) Jany 21/1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: William S Meakin

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Esther Westermoreland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Minnie Magee

(Address) 3804 Montgomery Ave

Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per R.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from March, 1926, to June 1st, 1926.

that I last saw h alive on May 31st, 1926,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Substitution of Heart

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Obesity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Angulation

(Signed) A. C. Lemmon, M. D.

June 4 1926 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cemetery — DATE OF BURIAL: June 4 1926

20 UNDERTAKER: Harry N Armacost — ADDRESS: 4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

11196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11196

CERTIFICATE OF DEATH.

REGISTERED NO. 48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2424 Calverton Pkwy (St.) 10-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kechner

(a) RESIDENCE NO. 2424 Calverton Pkwy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine P. Kechner

6 DATE OF BIRTH (month, day, and year): Dec. 7-1864

7 AGE: Years 61 | Months 5 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brush Maker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Wm. Hyde & Co.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Ambrose Kechner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Madaline Rickets

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs Catherine P. Kechner

(Address) 2424 Calverton Pkwy

15 1926 C. HAMPSON JONES, M. D.

Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6 1925 to June 1st 1926

That I last saw him alive on May 31 1926

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma.

(duration) yrs. mos. 8 ds. 15

CONTRIBUTORY (Secondary) Cancer of Face

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Strawbridge M. D.

2, 1926 (Address) 6 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery | DATE OF BURIAL June 3rd 1926

20 UNDERTAKER: Gittam & Co | ADDRESS 1123 W. Lafayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11197

CERTIFICATE OF DEATH.

89

E 11197

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 865 W Franklin St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H. Schumann

(a) RESIDENCE NO. 865 W Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6 DATE OF BIRTH (month, day, and year) June 22 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Schumann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Stutzmann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary C. Schuman

(Address) 865 W Franklin St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) Daniel D. Fowler M. D.

(Coroner)

, 192 , (Address) 33 28 Park Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 24 1926

20 UNDERTAKER Geo. J. Tuttle ADDRESS 2700 Edmondson

E 11198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead on arrival Registered No. C 113

City of BALTIMORE: (No. at Franklin Sq. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph William Martin Campbell

(Residence in Baltimore: No. 16 So. Carlton St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Apr. 23rd (Month) (Day) 1926 (Year)

7-AGE: ..... yrs. 1 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of Industry, business, or establishment in which employed (or employer): no

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Edward P. Campbell

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Ruth Wirth

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Campbell

(Address) 16 So. Carlton

15-

Filed ..... 192 ..... C. HAMPSON JONES, M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2nd (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) ..... yrs. 2 hrs.

CONTRIBUTORY (Secondary) Intestinal Indigestion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. B. Horton M. D.
(Coroner.)

June 2nd 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Church DATE OF BURIAL, 6/3 1926

20-UNDERTAKER, J. Walter Davis ADDRESS, 350 Penna Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11199

182

CERTIFICATE OF DEATH.

E 11199

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, No. Lot of Laurento. St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Fisher

(a) RESIDENCE NO. 237 N. Montford Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? / yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 36 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bethelem Steel Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Marion Fisher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Betsy Thompson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mason Bushbury

(Address) 8712 Linden Ave

Filed JUN 5 1926 H. HAMPSON JONES, M. D. Registrar

By K K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning Acc

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) .....yrs. .....mos. .....ds.

(Signed) C. E. Stadel M. D. (Coroner)

(Address) 1343 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery Date of Burial June 3. 1926

20 UNDERTAKER Inos R. A. Elliott ADDRESS 1735 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11200

CERTIFICATE OF DEATH.

E 11200

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Henson Speaks~~ Johns Hopkins Hospital St. 10-2 Ward)

2-FULL NAME Henson Speaks

(a) RESIDENCE NO. 1218 E. Monument St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown 1884

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Henson Speaks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary Speaks (mother)

(Address) 1528 Mosher St

15 Filed NOV 3 1926 19 HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Fresh Hemorrhage)

(Old Pacameningitis)

(duration) yrs. mos. ds.

CONTRIBUTORY autopsy Hopkins

(Secondary)

(duration) yrs. mos. ds.

(Signed) [signature], M. D.

(Coroner)

6/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial June 3 1926

20 UNDERTAKER John H. Toadvine ADDRESS 102 7 Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 11201

E 11201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital. No.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hawkins

(a) RESIDENCE NO. 30 S Regester St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Feb. 4 - 1895

7 AGE 31 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.
33 | 3 | 27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... W.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Drake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Tuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant W. Esson
(Address) Johns Hopkins Hospital.

15 Filed 1926, 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to June 1, 1926, that I last saw her alive on June 1, 1926, and that death occurred, on the date stated above, at 4 05 P. m.

The CAUSE OF DEATH* was as follows:

Post-abortal peritonitis

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Cardiac Collapse

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Bacteriological

(Signed) W. Esson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. | DATE OF BURIAL June 4 1926

20 UNDERTAKER Clive H. Johnson | ADDRESS 44 N. Carolina St.

Spec.—1-10-21 M&T 1500 Bks.

E 11202

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 11202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals.
CITY OF BALTIMORE: (No.) Baltimore, Md. (ST.) 19-1 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Stewart,

(a) RESIDENCE NO. 514 N. Gilmor St. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female,	black,	Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
70				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework, 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Records,
(Address) Baltimore City Hospitals

15 Filed 6-3-1926 C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-26 19

17 I HEREBY CERTIFY, That I attended deceased from 12-6-24, 19..., to 6-1-26. , 19...,
that I last saw her alive on 6-1-26. , 19...,
and that death occurred, on the date stated above, at 12:40A m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Cervix, with Metastases.

Unknown. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab. tests.

(Signed) Jno. C. Chilcoat Jr. M. D.
, 19 (Address) Baltimore City Hosps.; Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas Cem. DATE OF BURIAL June 3rd 26

20 UNDERTAKER Samuel H. Buckley ADDRESS 38 N. Gilmor

Spec.–1-10-21–M&T–1500 Bks.

E 11203

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 11203

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore. City Hospitals.

CITY OF BALTIMORE: (No. Baltimore. Md. ST. 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Kramer

(a) RESIDENCE NO. Baltimore City Hospitals. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Kramer

6 DATE OF BIRTH (month, day, and year): June 8, 1842

7 AGE: 83 Years 11 Months 24 Days. If LESS than 1 day, ...hrs or ....min.

84 YEARS

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Germany

14 Informant: Hospital Records Baltimore City Hospitals

15 Filed JUN 3 - 1926 19 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-10-23, 19..., to June 2, 1926.

that I last saw h.. alive on June 2, 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Cardiac Hypertrophy

Brain Atrophy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ...Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Tests.

(Signed) Jno. B. Kramer Jr. M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 3, 1926

20 UNDERTAKER: Wm. Lewis Sons & Co. — ADDRESS: 1101 E. Monument St.

Spec.—1-10-26—M&T—1500 Bks.

1926 E 11204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 24-1 WARD)

2-FULL NAME Clarence Cannon

(a) RESIDENCE NO. 1329 E. Fillmore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6 DATE OF BIRTH (month, day, and year) Dec 17, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Richard Cannon

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Anne Easley

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed JUN 3 1926 Number 24 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to June 2nd, 1926, that I last saw him alive on June 2nd, 1926, and that death occurred, on the date stated above, at 8 45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the oesophagus

(duration) yrs. 4 mos. ? ds.

CONTRIBUTORY (Secondary) Lung abscess from perforation of abscess into lung (duration) yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray, autopsy findings

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL June 4 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 E Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11205

CERTIFICATE OF DEATH.

162

E 11205

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 Myrtle Ave St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Allen

(a) RESIDENCE NO. 417 Myrtle Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 6/2/26

7 AGE Years 0 Months 4 Days IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER James Allen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Ruth Allen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Same

14 Informant Jno. McClay

(Address) 422 Myrtle Ave

15 Filed JUN 3 - 1926 19 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH was as follows:

Asphyxia

Burn & Conflagration

Amateur Flame

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Assumed John M. D.

(Coroner)

, 19 2. (Address) 825 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

June 3 1926

20 UNDERTAKER Wm. H. Chase & Son ADDRESS 1420 Madison

E 11206 HEALTH DEPARTMENT—CITY OF BALTIMORE 128 E 11206

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1006 mosher St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Hamilton 1

(Residence in Baltimore: No. 1006 mosher St.; 31 yrs. 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
F	col	Mar

6-DATE OF BIRTH, Oct (Month) 28 (Day) 1904 (Year)

7-AGE, 31 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Hamilton

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Lucy Johnson

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Harper

(Address) 1006 Mosher St

15- C. HAMPSON JONES, M. D.

Filed..... 192.... Registrar.....

NOV 3 - 1926 For JJK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day) 192[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute [illegible]

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

.....M. D.

(Signed).....(Coroner.)

192....(Address).....

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, June 3 1926

20-UNDERTAKER, Wm M Chase & Son ADDRESS 1400 Mosher

Spec.—1-10-21—S&T—1500 Bks.

Gelthaus.

E 11207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11207

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST., 14-1 WARD)

2-FULL NAME Baby Anna Gelthaus -

(a) RESIDENCE NO. Mt Vernon Hop Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17-1926

7 AGE: Years — Months 5 — Days 14 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret Gelthaus

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records

(Address)

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 1st, 1926, that I last saw h e alive on June 1st, 1926, and that death occurred, on the date stated above, at 8 30 p. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Gonorrheal Vaginitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: June 3 1926

20 UNDERTAKER: M. Fahey & Sons. — ADDRESS: W. North Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11208

CERTIFICATE OF DEATH.

38 E 11208

1-PLACE OF DEATH Baltimore City Hospitals 6-1

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie Wilson,

(a) RESIDENCE NO. 429 N.Durham Street. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Frederick Pitts,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed JUN 3 1926, 19

C. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to June 1, 1926,

that I last saw her alive on May 31, 1926,

and that death occurred, on the date stated above, at 3.15 A.m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia,

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological and Clini

Clinical Findings

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bury cemetery	June 4 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11209

CERTIFICATE OF DEATH.

74-901 E 11209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1805 Vine ST. 70-5 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma S. Brown

(a) RESIDENCE No. 1805 Vine ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Rose Brown

6 DATE OF BIRTH (month, day, and year): Oct, 1883

7 AGE — Years: 42 — Months: 8 — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: — Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country): ✓

12 MAIDEN NAME OF MOTHER: Dinah Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ✓

14 Informant (Address): Julia Matthews 1614 W Lexington St

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926 to June 1, 1926
that I last saw her alive on June 1, 1926
and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)
(duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill, M. D.
6/2 1926 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: June 4, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

JUN 3 - 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

128 ✓

E 11210

CERTIFICATE OF DEATH.

E 11210
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1631 Pirce St. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Clark Mathews

(a) RESIDENCE NO. 1631 Pirce St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Neg.

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June, 5, 1881

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
44 45	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-keeper

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Samuel Clark

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Howard Co. Md.

12 MAIDEN NAME OF MOTHER: Annie Hodds

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Howard Co. Md.

14 Informant: Bessie Kelley (Daughter)

(Address): 1631 Pirce St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
May 31, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 17th. 1926 to May 31, 1926,

that I last saw her alive on May 31, 1926, 19....,

and that death occurred, on the date stated above, at 1.45p m.

The CAUSE OF DEATH* was as follows:

Acct. Parenchymatous Nephritis
Following exposure

(duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY
(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: June 3, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

JUN - 1926 C. HARRISON JONES, ...

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11211

CERTIFICATE OF DEATH.

113 E 11211

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St., 19-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Wilhelm

(a) RESIDENCE NO. 335 S. Woodyear St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 2 - 1925

7 AGE: Years 1 | Months 14 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. Wilhelm

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Beatrice Haines

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Beatrice Wilhelm

(Address) 335 S. Woodyear St

15 Filed JUN 3 - 1926 C. HARRY JONES, Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Intoxication

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

6/2, 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. Date of Burial June 4, 1926

20 UNDERTAKER Wm F. Gawan & Son ADDRESS 901 Hollins

ec.—1-12-23—M&T—500 Bks.

E 11212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11212

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 17-3 Ward) 1/32

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank. Imbraguglio.

(a) RESIDENCE NO. 626 W Franklin St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M- | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 16. 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	16.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) ... (State or country) Italy

10 NAME OF FATHER Antonio Imbraguglio

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Italy

12 MAIDEN NAME OF MOTHER Salvatore Palordo

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Italy

Informant Mrs. I. Imbraguglio

(Address) 605 W. Fayette St.

Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

JUN 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926 to June 1, 1926.

that I last saw him alive on June 1, 1926

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Nephrolithiasis

Pyonephrosis.

(duration) ... yrs. 8 mos ... ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Nephrectomy for Nephrolithiasis Date of June 1, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative.

(Signed) J. F. Borgard, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL June 4 1926

20 UNDERTAKER John J. Lovar & Son per E. J. Lovar.

ADDRESS 901 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

E 11213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 44 E 11213

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Albert Molenski

(a) RESIDENCE NO. Edna Gas Coal Co ST. Fairmont—West Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner Under

(b) General nature of industry, business, or establishment in which employed (or employer) Ore

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Harry Molenski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Minn Kheski

13 BIRTHPLACE OF MOTHER (city or town) — (State or country)

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... CLAWSON JONES, M. D. Registrar

3 - 1926 RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to May 31, 1926 that I last saw h in alive on May 31, 1926 and that death occurred, on the date stated above, at 2 0'C a.m.

The CAUSE OF DEATH* was as follows:

Perforation following gastro enterostomy (Secondary Cause)
Cancer Stomach Primary Cause

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 20

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Ralph F. Bowers, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 6/3/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 B Way

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11214

CERTIFICATE OF DEATH.

101 E 11214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Washington Blvd 75-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William W. Lester

(a) RESIDENCE NO. 2201 Washington Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6e yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lester

6 DATE OF BIRTH (month, day, and year) Nov 15, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Postmaster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William H. Lester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Hannah T. King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emma L. Lester

(Address) 2201 Washington Blvd

15 Filed JUN 3 - 1926, 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 26, 19 26, to June 1, 19 26

that I last saw h alive on June 1, 19 26

and that death occurred, on the date stated above, at 8-20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Lew Mikeffer, M. D.

June 3 26, 19 (Address) 1325 Mass Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	June 4 1926
20 UNDERTAKER George J. Smith	ADDRESS 153 C Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11215

CERTIFICATE OF DEATH.

1215

90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 W Baltimore ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David R Rosenthal

(a) RESIDENCE No. 1602 W Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Rosenthal

6 DATE OF BIRTH (month, day, and year): Feb 3 1869

7 AGE — Years: 57 — Months: 4 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): Gasoline Station

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Lewis Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lewis D Rosenthal

(Address) 1602 W Baltimore St

JUN 3 - 1926

HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 2, 1926, that I last saw him alive on June 2, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. A. Tchaffe, M. D.

, 19 (Address) 53 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: June 4 1926

UNDERTAKER: George J Smith

ADDRESS 1632 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11216

CERTIFICATE OF DEATH.

57

E 11216

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2572 Wilkins Ave ST. 16-6 WARD)

2-FULL NAME Bertha Lauers

(a) RESIDENCE NO. 2572 Wilkins Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Sept 15th 63

7 AGE: Years 62 | Months 8 | Days 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Wm Landenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Andrew J Lauers

(Address) 2572 Wilkins Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-1-1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to June 1, 1926

that I last saw h alive on June 1, 1926

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles A Dean, M. D.

, 19 (Address) 4 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: June 4 1926

20 UNDERTAKER: George J Smith

ADDRESS 1532 Hollins

JAMES H. HAMPTON JONES, M. D.

JUN - 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11217

CERTIFICATE OF DEATH.

E 11217

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1216 S Ellwood Ave St., 14 Ward)

2-FULL NAME Marganna Matuszak

(a) RESIDENCE NO. 1216 S Ellwood St. / Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 1882 Sept 28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Michal Sawzinski

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Rosalia Sowalska

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Poland

14 Informant John Matuszak

(Address) 1216 S Ellwood Ave

15 Filed _____, 19 _____ C. HAMILTON JONES, M. D. Registrar

JN 3 - 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to May June 2, 1926, that I last saw her alive on June 2, 1926, and that death occurred, on the date stated above, at 9-15 a.m.

The CAUSE OF DEATH* was as follows:

Paralytic stroke

(duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary) Paralysis of the bowels

edema of glotis (duration) ____ yrs. ____ mos. 4 ds.

18 Where was disease contracted at home

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Joseph Alan Rosenblatt, M. D.

6/2, 1926 (Address) 3018 O'Donnell St, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus Cem June 5 1926

20 UNDERTAKER — ADDRESS

Stephen J Fiackowski 1001 S Kenwood Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

11218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 4608 Leberby Hghts Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Broening

(a) Residence No. 4608 Liberty Hghts Ave St. ..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Broening

6-DATE OF BIRTH (month, day and year) Nov 16th 1836

7-AGE. 89 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germy

PARENTS.

10-NAME OF FATHER. Joseph Petri

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germy

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germy

14- (Informant) Henry J. Broening

(Address) 4608 Liberty Hghts Ave

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 2 1926

17- I HEREBY CERTIFY, That I attended deceased from May 18 1926 to June 2 1926

that I last saw her alive on June 1 1926

and that death occurred, on the date stated above, at 7-9 m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Mitral endocarditis

..... (Duration) ..... yrs. ..... mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Carroll Packard, M. D.

June 3 1926 (Address) 4 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL. June 5th 1926

20-UNDERTAKER. E. Schloman & Son ADDRESS 1039 Lanvale St

Spec.—1-10-21—M&T 1500 Bks.

E 11219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11219

24

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (1.B.) 17-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Yodore

(a) RESIDENCE NO. 416 E. Lafayette ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Yoders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Anna B. Freed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1926, to June 2, 1926, that I last saw him alive on June 2, 1926, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis.

Probable meningococcic.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis

(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm McLane Jr. M. D.

6-2-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Souderton, Pa.

DATE OF BURIAL June 3, 1926

20 UNDERTAKER Edward Leonard & Son E. Monument Sq.

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11220

CERTIFICATE OF DEATH.

E 11220

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No. 528 N. Carey St., 19-1 Ward)

2-FULL NAME John Paul Conway Jr.

(a) RESIDENCE NO. 528 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Dec. 2 1925

7 AGE — Years: | Months: 6 | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Cambridge

(State or country): Md.

PARENTS

10 NAME OF FATHER: John P. Conway

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ida Marvel

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant (Address): Mrs. Ida Conway Cambridge Md.

15 Filed ... 19 26 C. HAMPSON JONES, M. D. Registrar

Per A.E.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 3, 1926, that I last saw him alive on June 3, 1926, and that death occurred, on the date stated above, at 10.05 A.M.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ...yrs. ...mos. 14 ...ds.

CONTRIBUTORY (Secondary) Convulsion - (Cerebral Congestion)?

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? P. E.

(Signed) Allen S. Bishop, M. D.

19 (Address) 930 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md Date of Burial June 4 19 26

20 UNDERTAKER: Wm Tickler ADDRESS: Bond North & Pa

ec.—1-12-23—M&T—500 Bks.

E 11221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11221

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 W. Presstman ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Matthews Jackson

(a) RESIDENCE NO. 1519 W. Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July - 31 - 1925

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	—	10	23.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER John C. Jackson

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Matthews

13 BIRTHPLACE OF MOTHER (city or town) Charles Co. (State or country) Maryland.

14 Informant John C. Jackson (Address) 1519 W. Presstman

15 Filed 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3 1926.

17 I HEREBY CERTIFY, That I attended deceased from 5/31, 1926, to 6/3, 1926, that I last saw h alive on 6/2, 1926, and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Acute Bronchio-Pneumonia

(duration) — yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) "Measles 2 mo. ago"

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) Dan Francini, M. D.

6/3, 1926 (Address) 1418 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 6/4/1926

20 UNDERTAKER Mrs Jas. H. Dennis. and T. O. Helm

ADDRESS 2353 Presstman St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11222

1926 E 11222

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay View Hospital St., N-6 Ward)

2-FULL NAME Amos F. Spence

(a) RESIDENCE NO. 3517 Gough St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 13. 1909

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Delaware

PARENTS

10 NAME OF FATHER A. Alfred Spence

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Bailey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant A. Alfred Spence

(Address) 3517 Gough St.

15 Filed June 4 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Gun Shot Wound of Chest

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) Shock.

(duration) ____ yrs. ____ mos. 1 ds.

(Signed) J. C. Blades, M. D. (Coroner)

June 3/26 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia, Penna Date of Burial June 4 1926

20 UNDERTAKER Wm Cook ADDRESS 522 North Ave

Spec.—1-12-23—M&T—500 Bks.

E 11223 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11223

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 1-4 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Jane Williams

(a) RESIDENCE No. 412 S. Ellwood Ave St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~ Married

If married, widowed, or divorced HUSBAND) of (or) WIFE of Benjamin Williams

DATE OF BIRTH (month, day, and year) Apr 18. 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
61	1	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wales

19 NAME OF FATHER John Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

Informant Mrs. Lillian Williams

(Address) 20 Rockland Ave Hamilton

Filed ..... 19 C. HAMPSON JONES, M. D., Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3-1926

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1926, to June 3, 1926, that I last saw h[illegible] alive on June 3, 1926 and that death occurred, on the date stated above, at 12:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Exploratory Lap & Colostomy for Ca Obstruction Date of 4-29-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) H. J. Bonard, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Conn DATE OF BURIAL June 5 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 Ellwood Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 E 11224

CERTIFICATE OF DEATH.

E 11224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 202 S. Patterson Park Ave ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lester Schmier

(a) RESIDENCE NO. 202 S. Patterson Park Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 25-1919

7 AGE — Years: 6 — Months: 6 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Nathan Schmier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Bessie Bodaer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Nathan Schmier
(Address) 202 S. Patterson Park Ave.

15 Filed June 3 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1926, to June 3rd, 1926.

that I last saw him alive on June 3rd, 1926,

and that death occurred, on the date stated above, at 3.50 p m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic Endocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) A. F. Ries, M. D.

June 3rd 1926 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft. New Mt Carmel — DATE OF BURIAL 6-4- 1926

20 UNDERTAKER Frost Lewis, 1439 E. Balto — ADDRESS

Spec. 1440 M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11225

CERTIFICATE OF DEATH.

E 11225

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST. 15-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Sies

(a) RESIDENCE No. 1534 Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia -

PARENTS

10 NAME OF FATHER Martin Sies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ethel Zerwick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... by Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30th, 1926, to June 3rd, 1926, that I last saw her alive on June 3rd, 1926, and that death occurred, on the date stated above, at 8 45 a m.

The CAUSE OF DEATH* was as follows:

Some accident incidental to diabetes acidosis and diabetes coma

Diabetes Mellitus

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary)

diabetes mellitus (duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Road

DATE OF BURIAL 6-4- 1926

20 UNDERTAKER Jack Levin, 1739 E. Balto. St.

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Biff

E 11226

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 11226

CERTIFICATE OF DEATH.

74-002

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 15-12 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sonia Biff

(a) RESIDENCE NO. 1655 N. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Biff

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sonia (Address) 1439 E. Baltimore St.

Filed 6-4-1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/31, 1926, to 6/3, 1926, that I last saw her alive on 6/3, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Pulm. tuberculosis 12 years (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Philip Zabotinsky M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave. DATE OF BURIAL 6-4-1926

20 UNDERTAKER East Lewis, 1439 E. Baltimore St. ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 11227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11227

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Kann

(a) RESIDENCE NO. 1609 Walker St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Kann

6 DATE OF BIRTH (month, day, and year) July 7/74

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER George Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Catherine —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs F. G. Buckey

(Address) 1410 N. Montford Ave

15 Filed JUN 4 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2- 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1926 to June 2, 1926 that I last saw her alive on June 2, 1926 and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Lentic Cirrhosis of Liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Exploratory Lap. Date of 5-31-26

Was there an autopsy? yes

What test confirmed diagnosis? clinical Obs. & Autopsy

(Signed) H. Bongardt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL 6/5 1926

20 UNDERTAKER Philip Hennig

ADDRESS 2016 Orleans St

Spec.—1-10-27—M&T—1500 Bks.

9144

E 11228

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11228

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1332 First st ST., 9-7 WARD)

2-FULL NAME Richard Swaniger

(a) RESIDENCE NO. 1332 First ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	baby.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 4/1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	9.	29.	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER B. F. Swaniger

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Celia Shipley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 4 - 1926, 19 H. THOMPSON JONES, By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1926 to June 3rd, 1926, that I last saw h[illegible] alive on June 3rd, 1926, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Empyema – Broeba-pneumonia

Pneumonia – 3 days duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

6/3, 1926 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL 6/5 1926

20 UNDERTAKER J. Walter Davis ADDRESS 330 Paine st.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11229

CERTIFICATE OF DEATH.

129 E 11229

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 Colvin St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Robinson

(a) RESIDENCE NO. Univ. Hosp. - Emeline St. 108 Colvin Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 30 Months one year Days stated IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa -

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Daniel Roy

(Address) 534 Cobb alley

15 Filed ..... 19 ..... HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy & Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

Chron. nephritis

Duration Acute ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Kelly M. D.

(Coroner)

June 4, 1926 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial June 4 1926

20 UNDERTAKER Chas. W. Johnson ADDRESS 416 N. Gordon St.

6-4-1926 DAK.

Spec.—1-10-21—M&T—1500 Blks.

E 11230 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100 E 11230

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 7-3 WARD)

2-FULL NAME James Coski or Stanislaus Jaworski

(a) RESIDENCE NO. 520 S Castle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Coski

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	39 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm Coski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Coski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Baltimore City Hospitals Records

(Address)

15 [illegible] C. HAMPSON JONES, M. D.

Filed 1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1926 to June 2, 1926, that I last saw him alive on June 2, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

Alcoholic Delerium — 20 days

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) A Lindsay Miller, M. D.

6/3, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	June 5 1926
UNDERTAKER	ADDRESS
John M Weber	1803 Bank

Spec.--1-10-21--M&T--1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11231

100-001

CERTIFICATE OF DEATH.

E 11231

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 26-1 Ward)

2-FULL NAME James Pasley

(a) RESIDENCE NO. Baltimore City Hospitals St., Ward

(Usual place of abode) Unknown

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER — Pasley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed 6 1926 C. HAMPSON JONES M.D. Registrar

6 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 24, to June 2, 19 26.

that I last saw him alive on June 1, 19 26

and that death occurred, on the date stated above, at 12:20 p m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. Lindsay Mills M. D.

6/7 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 6/4 1926

20 UNDERTAKER J. J. Fahey Sons

ADDRESS 1218 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 53 11232

CERTIFICATE OF DEATH.

20 E 11232

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude Ryland Moore

(a) RESIDENCE NO. 2806 Chelsea Terrace ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? 40 yrs. 2 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Berry Moore

6 DATE OF BIRTH (month, day, and year) Mar-10-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estat

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William H.Moore

11 BIRTHPLACE OF FATHER (city or town) Charles Co.,
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Sophia Burch

13 BIRTHPLACE OF MOTHER (city or town) Charles Co.
(State or country) Maryland

14 Informant Mr. William H. Moore (brother)
(Address) 911 Falls Road Pkwy.

15 Filed June 4 1926 H. HAMPSON JONES, M. D. Registrar
Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 2, 1926, that I last saw him alive on June 2, 1926, and that death occurred, on the date stated above, at 5 00 P.m.

The CAUSE OF DEATH* was as follows:

Brain abscess. Acute?
Encephalitis acute?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 31 26

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy not Completed

(Signed) J E Hall, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL June 4 26 19

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11233

CERTIFICATE OF DEATH.

91-902 E 11233

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Holbrook ST., 4-7 (WARD)

2-FULL NAME Charles E. Doherty

(a) RESIDENCE NO. 1305 Holbrook ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? 41 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of June Doherty.

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Stone mason

(b) General nature of industry, business, or establishment in which employed (or employer) 076

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Chas. E. Doherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. June Doherty

(Address) 1305 Holbrook St

15 Filed ..... 19.. per ..... Registrar

C. HAMPSON JONES, M. D.

A-1920

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/19 ..., 1926, to 6/7 ..., 19 26,

that I last saw h[illegible] alive on 6/3 ..., 19 26,

and that death occurred, on the date stated above, at 3:20 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Contributory (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr Bernard Weiss, M. D.

June, 1926 (Address) 914 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	June 7 1926

20 UNDERTAKER Henry Hoecke & Son ADDRESS 1301 E Eager 21

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-002 E 11234

CERTIFICATE OF DEATH.

11234 PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3207 Penna. Ave St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josiah Parr

(a) RESIDENCE NO. 3207 Penna. Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Elvira Parr

6 DATE OF BIRTH (month, day, and year): July 28th 1859

7 AGE: Years 66 | Months 10 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired B & O. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Freight Off. 64

(c) Name of employer: B & O. R.R.

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: J. Geo. Parr

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Rice

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Catherine Parr

(Address): 3207 Penna. Ave

15 Filed 6-4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 20 1926 to June 3rd 1926, that I last saw h[illegible] alive on June 3rd 1926, and that death occurred, on the date stated above, at 11.40 P. M.

The CAUSE OF DEATH* was as follows:

Subacute Bronchitis with Old Anemia due to Lymphadenoma of long standing, about 6 yrs.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Weakness & Long Coma of Heart

(duration) .....yrs. .....mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. A. Smith, M. D.

6-2, 19 (Address) 1605 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial June 5 1926

20 UNDERTAKER: Henry Storck Son ADDRESS 1301 E Eager

Spec.—1-10-25—M&T—1500 Bks.

1926 E 11235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11235

CERTIFICATE OF DEATH.

× 131

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry M. Hughes

(a) RESIDENCE NO. 500 Fairmount Ave ST. ~~Baltimore~~ WARD Md Lawson Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug. 14-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	30	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Court Employee 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Michael Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary M. Handley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17 1926 to June 1 1926, that I last saw him alive on June 1 1926, and that death occurred, on the date stated above, at 6 05 P.m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? Yes Date of June 1-26

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Robert Levy McKay, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL June 6 1926

20 UNDERTAKER Martin Fahey & Sons.

ADDRESS 821 W. North Ave.

Clarence L. Creager.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11236

CERTIFICATE OF DEATH.

185 E 11236

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 1-4 Ward)

2-FULL NAME Clarence L Creager

(a) RESIDENCE NO. 945 East Oso St. Ward

(Usual place of abode) about

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rhodasia Creager

6 DATE OF BIRTH (month, day, and year) Sept. 24 - 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
71		5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Thurmont and

(State or country) Md

PARENTS

10 NAME OF FATHER Harry L Creager

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Thurmont Md

12 MAIDEN NAME OF MOTHER Ida Pashon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Thurmont Md

14 Informant Warren Stocksdale

(Address) 4803 Wayne ave

15 Filed 4 - 1926 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Injuries Received from Fall from Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Saddler

(duration) yrs. mos. ds.

(Signed) Harry Thacker M. D.

(Coroner)

192 (Address) 332 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Thurmont Md Date of Burial June 6 1926

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. Fourth ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11237

CERTIFICATE OF DEATH.

15-001 E 11237

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E Hamburg ST., 24-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Kouski

(a) RESIDENCE No. 112 E Hamburg. ST., 24 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John. S. Kouski

6 DATE OF BIRTH (month, day, and year) 2-14 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Joseph Pulaski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John S. Kouski
(Address) 112 E Wood St

Filed 6-4 1926 HAMPSON L. JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21/26, 19..., to June 2/26, 19..., that I last saw her alive on June 2/26, 19..., and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (cerebral)

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thos. D. Kollmus, M. D.

(Address) 112 E Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cem Rock Hall Md. DATE OF BURIAL 6-5 1926

20 UNDERTAKER E & B Harle ADDRESS 115 E Read St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11238

E 11238

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 27-4 Ward)

2-FULL NAME Ruth Hughes

(a) RESIDENCE NO. 5108 St. George Ave St. Ward

(Usual place of abode) unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1865

7 AGE: Years 61 Months 5 Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED: Housework

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): unknown

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant A. W. Hughes Grace

(Address) Same address

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 2 .....ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Jones M. D. (Coroner)

(Address) 1502 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. †See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial JUNA 19 1926

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Blks.

E 11239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11239

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Witter (WITLER)

(a) RESIDENCE No. 1950 W. Fayette St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma L. Williams

6 DATE OF BIRTH (month, day, and year): — — 1870

7 AGE: Years 56; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipbuilder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thos Witter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Lucy Witter 1950 W. Fayette St

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to June 2, 1926, that I last saw him alive on June 2, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Theron Hunter, M. D.

6/2, 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 6/5 1926

20 UNDERTAKER: D. Scott Turkey Sons

ADDRESS: 218 Eighth St

Spec.—1-12-23—M&T—50C Bks.

E 11240 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 13-4 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cyrus Lidie

(a) RESIDENCE NO. 3450 Elm Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Ella L. Lidie

DATE OF BIRTH (month, day, and year) Jan 2nd 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
76		4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Unknown~~

(c) Name of employer

BIRTHPLACE (city or town) Thurmont

(State or country) Maryland

10 NAME OF FATHER ~~Unknown~~ Henry Lidie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER ~~Unknown~~ Susan Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

PARENTS

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 1926 C. 19 HAMPSON JONES, M. D.

Per M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1926, to June 3, 1926,

that I last saw h. im alive on June 3, 1926

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchi Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Psychosis Agitated Depressed Type

(duration) ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry F. Drum M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cem. Hampden

DATE OF BURIAL 6/5 1926

20 UNDERTAKER Harry A. Metzger

ADDRESS 1021 W. Lombard St

Spec.—1-10-21—M&T—1500 Bks.

E 11241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11241

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 St. Paul ST. 12-3 WARD)

2-FULL NAME Harriet Booz

(a) RESIDENCE NO. 2816 St. Paul ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Booz

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	5	8	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob A. H. Shinnick

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Rosseau

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant William B. Booz
(Address) 2605 N. Charles Street

15 Filed - 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2 1926 to June 3 1926.

that I last saw h[illegible] alive on June 2 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam B. Leuman M. D.

June 7, 1926 (Address) 718 N. Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 6/5 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 847 W. Calvert St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11242

CERTIFICATE OF DEATH.

21-3 74-09

E 11242

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 809 Ryan St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Nicholas Manis

(a) RESIDENCE NO. 809 Ryan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Manis

6 DATE OF BIRTH (month, day, and year): May 10 1868

7 AGE: Years 58 Months Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Montgomery Ward

9 BIRTHPLACE (city or town)

(State or country) Cumberland Md

PARENTS

10 NAME OF FATHER Wm Manis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Cumberland Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cumberland

14 Informant Louis Wolff

(Address) 1322 E Eager St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/29/26, 19, to 6/3/26, 19,

that I last saw h.. alive on 6/2/26, 19,

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY Cerebral Hemorrhage

(Secondary)

(duration) yrs. mos. 5 ds.

Is Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Fung, M. D.

6/3/1926 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: June 5 1926

20 UNDERTAKER: Williamson & Son ADDRESS: E North Ave

...c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11243

CERTIFICATE OF DEATH.

44 E 11243

1-PLACE OF DEATH 3550 Benson St. REGISTERED NO. .....

CITY OF BALTIMORE: (No. " " St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Federighi

(a) RESIDENCE No. 3550 Benson St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Albina Federighi

DATE OF BIRTH (month, day, and year): Dec 12/1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Aurelio Federighi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Teresa Perucci

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Basilio Secchiaro

(Address) 352 E Roland ave.

15 Filed ... 19 1926 C. HAMPSON JONES, M. D., Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1925, to June 4th, 1926.

that I last saw him alive on June 3rd, 1926,

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

General abdominal carcinoma

(duration) ... yrs. 8 mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Dec 3/25

Was there an autopsy? No

What test confirmed diagnosis? Operation Dec 3/25

(Signed) ... M. D.

6/4 1926 (Address) 846 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hanaplan

DATE OF BURIAL: 6/5 1926

20 UNDERTAKER: J Walter Davis

ADDRESS: 3507 Paine St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11244 E 11244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillian McConnas

(a) RESIDENCE NO. 2423 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. G. McConnas.

6 DATE OF BIRTH (month, day, and year) - 1871 -

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
- 55 -				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Watt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Edna V. Watts

(Address) 1016 E. North Ave

15 Filed JUN 4 1926 C. HAMPSON JONES, M.D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/18/ 1926, to June 3, 1926, that I last saw her alive on June 3, 1926, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

General abdominal Carcinomatosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis ? Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Exploratory Laparotomy

Did an operation precede death? No. Date of May 29 -

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) H. C. Loeckas, M. D.

19 (Address) Supt. Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL June 7 1926

20 UNDERTAKER Jos Styfer

ADDRESS 1600 N. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11245

CERTIFICATE OF DEATH.

179 E 11245

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at St. Joseph Hospital

City of BALTIMORE: (No._____ St., 9-3 Ward)

2-FULL NAME Joseph Dirschel

(a) RESIDENCE NO. 2003 Robb St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Babra. Dirschel

6 DATE OF BIRTH (month, day, and year) July 26 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Malster

(b) General nature of industry, business, or establishment in which employed (or employer) American Malt Co

(c) Name of employer 1120 Hillen St

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER John Dirschel

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Babra Drafs

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant Mrs Babra Dirschel

(Address) 2003 Robb st

15 Filed 1926 C. HAMPSON JONES, M. D. Per NRB Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over entire body-Burned in Mash Tub-while empting same. Accidental.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. E. Walter M. D.

(Coroner)

6/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 6/4 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11246

CERTIFICATE OF DEATH.

90 E 11246

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Ready ave ST. 27-9 WARD)

2-FULL NAME William Jacob Ritter

(a) RESIDENCE NO. 4307 Ready ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Anna W. Ritter

DATE OF BIRTH (month, day, and year) March 7th 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	28	

OCCUPATION OF DECEASED Clerk 004

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer F. A Gaulter Co

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Frederick W Ritter

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Emberson

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Albert F. Ritter

(Address) 4307 Ready ave

C. THOMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to June 2, 1926,

that I last saw h alive on June 2, 1926,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Jones, M. D.

6/4 1926 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Jun 4 1926
20 UNDERTAKER	**ADDRESS**
Geo. J. Ruth	1735 Harford ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11247

CERTIFICATE OF DEATH.

101 E 11247

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 E Federal ST. 8-3 WARD)

2-FULL NAME Bertha Evans

(a) RESIDENCE NO. 2013 E Federal ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac J Evans

6 DATE OF BIRTH (month, day, and year) 10/7 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Samsons Hasty

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Florence Stevens

(Address) 2013 E. Federal St

15 Filed 1926 Per ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 , 1926 , to June 3 , 1926 ,

that I last saw her alive on June 3 , 1926

and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Asthenia

(duration) Pneumonia yrs Asthenia mos. 4 days 24 hrs

CONTRIBUTORY (Secondary) Pneumonia Terminal

Bronchitis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? and Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D C Carman, M. D.

6 4, 19 (Address) 1707 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 6/7 1926

20 UNDERTAKER Albert L Wiltz Jr

ADDRESS 1606 N Chester St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11248 E 11248

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH Helen Hospital

CITY OF BALTIMORE: (No. Helen Hospital ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Price

(a) RESIDENCE NO. 415 N. Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Louisa A. Price

6 DATE OF BIRTH (month, day, and year) June 13-1855

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
70	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): J 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER George W. Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Eliza A. Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant Louisa A. Price

(Address) 415 N. Milton Ave.

15 C. HAMPSON JONES, M. D.

1926 .19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1926, to June 4, 1926, that I last saw him alive on June 4 4/, 1926, and that death occurred, on the date stated above, at 12:40 m.

The CAUSE OF DEATH* was as follows:

Prostate Hypertrophy (Malignant)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/7/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	June 6 1926
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	424 N. Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11249 E 11249

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Melville Ave ST.; 9-1 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Hodson Storr

(Residence in Baltimore: No. 604 Melville Ave St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 13, 1845
(Month) (Day) (Year)

7-AGE 81 yrs. 2 mos. 19 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Salem, Maryland.

PARENTS.

10-NAME OF FATHER, Levin Hodson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Jane Howard

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest C. Storr

(Address) 604 Melville Ave

15- Filed 1926 C. EMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 2, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1925, to June 1926, that I saw her alive on June 1, 1926, and that death occurred, on the date stated above, at 11 15 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

.....

.....

..... (Duration)...yrs...mos...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)...yrs...mos...ds.

(Signed) Anna S. Abercrombie M. D.

June 3, 1926 (Address) 3526 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Vienna, Md. DATE OF BURIAL, June 5, 1926

20-UNDERTAKER John C. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 11250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11250

CERTIFICATE OF DEATH.

× 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wingfield Hobart

(a) RESIDENCE NO. Richwood. W. Va. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. -1- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Andra B. Hobart

6 DATE OF BIRTH (month, day, and year) April 4 1902.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	—	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Paul Hobart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Lucy Wingfield

13 BIRTHPLACE OF MOTHER (city or town) Penna. (State or country)

14 Informant Fred Hobart

(Address) Richwood W. Va.

15 Filed - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12- , 1926 to June 4, , 1926,

that I last saw h~~im~~ alive on June 4 , 1926,

and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of cervical and retroperitoneal glands -

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Chronic genital obstruction

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? W. Va

Did an operation precede death? Yes Date of May. 4-1926.

Was there an autopsy? Yes-

What test confirmed diagnosis? Operation + pathological return of examination

(Signed) J. Taylor Wingfield Jr. M. D.

, 19 (Address) Univ. Hosp

*State the Disease Causing Death, or in deaths from ... Causes, state (1) Means and Nature of Injury, and (2) whe... cidental, Suicidal, or Homicidal. (See reverse side for additional ap...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richwood W. Va

D... JUN ... 1926 19

20 UNDERTAKER Geo W Little

ADDRESS ... EDMONDSON AVE.

(over)

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11251 E 11251

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1613 Covington St 24-2 Ward)

2-FULL NAME Henrietta S. Mulford

(a) RESIDENCE NO. 1613 Covington St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/c yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: John J. Mulford

6 DATE OF BIRTH (month, day, and year): July 23 - 1851

7 AGE: Years 74 Months 10 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Trumbo

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mara Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Howard Fowler

(Address) 1613 Covington St

15 Filed ..... 19 1926 C. HAMPSON JONES, M. D. Registrar

By RRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/1 - 26, 19..., to 6/2/26, 19..., that I last saw h.. alive on 6/2/26, 19..., and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem Date of Burial 6/5 1926

20 UNDERTAKER: Wm Cook ADDRESS 502 E North

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11252

E 11252

90

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 32 S. First St. 26-5 Ward)

2-FULL NAME John B. Merkle

(a) RESIDENCE NO. 32 S. First St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Horton Merkle

6 DATE OF BIRTH (month, day, and year) July 30, 1871

7 AGE Years	Months	Days	IF LESS than 1 day....hrs. or....min.
54	10 11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile

(b) General nature of industry, business, or establishment in which employed (or employer) Repair Man

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Pa.

PARENTS

10 NAME OF FATHER W. S. Merkle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Eliz. Boyd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Mrs. Merkle

(Address) 32 S. 1st St

15 F[illegible] 1926 16 Per A K S C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 Jan 4

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to Jan 4, 1926,

that I last saw h[illegible] alive on Jan 4, 1926,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. T. Brooks, M. D.

19[illegible] (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial June 7 19 26

20 UNDERTAKER Margaret J. Flynn ADDRESS 1111 Light St

Cor.—12-9-25—A Co.—200 Bks.

11253

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 E 11253

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Body found floating at 23-2

City of BALTIMORE: (No. Brick yard wharf, Westport St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Murtaugh.

(a) RESIDENCE NO. 1411 S.Charles St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

6a If married, XXXXXXXXXXXX HUSBAND of (or XXXXXXXX Catherine Murtaugh.

6 DATE OF BIRTH (month, day, and year) June 10, 1876.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron molder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland.

PARENTS

10 NAME OF FATHER James Murtaugh.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Anna Dowd.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Catherine Murtaugh. (wife)

(Address) 1411 S.Charles St.

15 1926 C. HAMPSON JONES, M. D.

Per R P B Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing June 1, 1926 Found June 3rd. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

6/4, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. Date of Burial June 5 1926

20 UNDERTAKER Margaret E. Flynn ADDRESS 1422 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11254

74-001 74 E 11254

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1327 S.Charles St. St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J.Coleman.

(a) RESIDENCE NO. 1327 S.Charles St. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married,

5a If married, ~~XXXXXXXXXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Carrie Coleman.

6 DATE OF BIRTH (month, day, and year) August 8, 1866.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	59	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) Produce.

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James P.Coleman.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma Johnson.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore, Md.

14 Informant Carrie Coleman.(wife)

(Address) 1327 S.Charles St.

15 Filed _____ 19___ Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ....yrs. ....mos. ....ds.

(Signed) Otto K. Reinhardt, M. D. (Coroner)

6/4, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial June 7 1926

20 UNDERTAKER Margaret J. Flynn ADDRESS 1422 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11255

CERTIFICATE OF DEATH.

166 E 11255

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 8-3 Ward)

2-FULL NAME Edith V. Cobb

(a) RESIDENCE NO. 2421 Llewelyn Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Cobb

6 DATE OF BIRTH (month, day, and year) Dec 25/1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Indiana

PARENTS

10 NAME OF FATHER Chas M. Nicholson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Indiana

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Indiana

14 Informant Wm. Cobb

(Address) 2421 Llewelyn Ave

15 Filed_____ 19____ G. RAMPSON JONES, M. D. Registrar

1925 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3/26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

Taken on May 28/26 (Suicide)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cotter M. D.

(Coroner)

6/5/26 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 6/8 1926

20 UNDERTAKER Albert L. Hiltz Jr. ADDRESS 1606 Chester

Spec.—1-10-21—M&T—1500 Bks.

1926 11256 HEALTH DEPARTMENT—CITY OF BALTIMORE Ded E 11256

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 12-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Perry Collins

(a) RESIDENCE NO. 3401 Barclay St. ST., Balt WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? yrs. 11 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 5th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Raymond Perry

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ivy Collins

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to June 2, 1926, that I last saw h[illegible] alive on June 2, 1926, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Alexander McAlpin, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 5, 1926

20 UNDERTAKER Mrs A. E. Elliott

ADDRESS [illegible] Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 11257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11257

CERTIFICATE OF DEATH.

× 146

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Maryland Gen Hosp

CITY OF BALTIMORE: (No. Madison & Linden Ave ST., 11-2 WARD)

2-FULL NAME Mrs Etta Lescallett

(a) RESIDENCE NO. Patapsco, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James Lescallett

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housf 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Erwin Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Ness

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Patient
(Address) Patapsco Carroll Co Md

15 - 1926 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to June 3, 1926, that I last saw h alive on June 3, 1926 and that death occurred, on the date stated above, at 2:57 P.M.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Toxemia - Pyelytis
Anemia - Nephritis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright M. D.

, 19 (Address) Maryland Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cemetery Carroll Co Md — DATE OF BURIAL June 6 1926

20 UNDERTAKER Carroll Co Md — ADDRESS J F Elmie & Sons Reisterstown Md

Spec.—1-10-21—M&T—1500 Blks.

E 11258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11258

46

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland St., 17-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Hasty

(a) RESIDENCE NO. 1203 Myrtle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE — Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Hospital Records (Address) Balto City Hospitals.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per R P H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Feb 9. 1926. to June 3 1926.

that I last saw h alive on June 3 1926.

and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Cervix
& Metastasis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia & Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis Clinical Lab Tests

(Signed) Jos P Chaney Jr, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	6-14-26

20 UNDERTAKER Samuel Hasty ADDRESS Belle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11259

CERTIFICATE OF DEATH.

154-82

E 11259

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 Hillman St St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby ---- Connelly

(a) RESIDENCE NO. 1307 Hillman St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6 DATE OF BIRTH (month, day, and year) June 3/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Connelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary O'Connor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Edward Connelly

(Address) 1307 Hillman St

15 Filed 6 C, 19 HAMPSON JONES, M. D.

1926 Per ADH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congental Heart

(daration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Cullen M. D.

(Coroner)

6/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery June 8 19 26

20 UNDERTAKER ADDRESS

Henry Knecht & Son 1301 E. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

E 11260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11260

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5113 Wesley ave ST., 28-26 WARD (Howard Park)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schmidt

(a) RESIDENCE NO. 5113 Wesley ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schmidt

6 DATE OF BIRTH (month, day, and year) Jan 5-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer Joner and Gaunt

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Schmidt

(Address) 5113 Wesley ave Howard Park

15 6-1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7th, 1926, to June 3rd, 1926, that I last saw him alive on June 3rd, 1926, and that death occurred, on the date stated above, at 2.55 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1847 Penna Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Lab. Findings

(Signed) Jane Brown, M. D.

June 3, 1926 (Address) 1837 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 6/5/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

pec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11261

E. 11261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2344 Fordk Ave (St.) 20-W (Ward)

2-FULL NAME Chas Herman Kellmeyer Jr

(a) RESIDENCE. No. 2344 Fordk Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed~~, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) 3 June 1926

7 AGE — Years — Months — Days: ½ — If LESS than 1 day, 7 hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ (no)

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas H Kellmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ella Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Green

(Address) 2344 Fordk Ave

15 1926 — C. HAMPSON JONES, M. D., Registrar.

Per ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 June 1926

17 I HEREBY CERTIFY, That I attended deceased from 3 June, 1926, to 3 June, 1926, that I last saw h.im alive on 2 June, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) ___ yrs. ___ mos. ½ ds.

CONTRIBUTORY (Secondary): ✓

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of no

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Z Vincent Hooper, M. D.

, 19 (Address) 2565 Fordk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 6/5/26 19

20 UNDERTAKER: Harry A Witzke

ADDRESS: 1031 W Lombard

Spec. 10-21—M&T—1500 Bks.

E 11262

HEALTH DEPARTMENT—CITY OF BALTIMORE E 11262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 8-1 WARD)

REGISTERED NO. 11T

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Stumpf.

(a) RESIDENCE No. 2834 Mayfield Ave. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1891

7 AGE: Years 35 | Months | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Charles Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Margaret Retzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30th, 1926, to June 3rd, 1926, that I last saw her alive on June 3rd, 1926, and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia bilateral

Bronchopneumonia

secondary to Ruptured appendix

General Peritonitis (duration) yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia (subacute) (duration) yrs. ..... mos. ..... ds. 4

18 Where was disease contracted if not at place of death? post operative

Did an operation precede death? yes Date of May 30, 1926

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) ..... M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer | DATE OF BURIAL: June 7th 1926

20 UNDERTAKER: Leo G. Cook | ADDRESS: 17[redacted] Hilh Ave

Cor.—12-9-25—A Co.—200 Bks.

E 11263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

58-6 E 11263

1-PLACE OF DEATH

City of BALTIMORE: (No. 409 N. Ann St St., 6-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Hatchett

(a) RESIDENCE NO. 409 N. Ann St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hatchett

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of indnstry, business, or establishmeat in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lennenburg Va 6/5/26

(State or country)

PARENTS

10 NAME OF FATHER S. Hatchett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Howard Hatchett

(Address) 409 N. Ann St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per AKN

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia-Arteriosclerosi.

(Deagnosis at Hopkins Dispensary)

(daration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Bacon, M. D. (Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Farmer Va

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial June 6 1926

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 11264

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 11264

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~10~~ 337 N. Fairfield St., 5th Ward)

2-FULL NAME Purdy Gallen

(a) RESIDENCE NO. 337 Forrest St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 40 yrs Months Days (was told) IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF F[illegible]ity or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant Lizzie Lankins

(Address) 216 Colvin St

15 Filed [illegible] C. HAMPSON JONES, M. D. Registrar

By 1926 Per AFB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Chronic Nephritis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Disney M. D.

(Coroner)

Jun 3 1926 (Address) 1639 Bradley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

Date of Burial: 6/6 1926

20 UNDERTAKER: Byron Wright

ADDRESS 218 N. Eden St

Spec—12-23-21—E.B.R.S.—400 Bks.

11265 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11265

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 623 N. Dallas St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Gasaway

(a) Residence No. 623 N. Dallas St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Gasaway

6-DATE OF BIRTH (month, day and year) July 7 - 1871

7-AGE. 54 10 27

54 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ella Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mrs Thomas Walker

(Address) 622 N. Dallas St.

15- Filed 1926 Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-4-26

17- I HEREBY CERTIFY, That I attended deceased from June 2 1926 to ~~1926~~

that I last saw her alive on June 2 1926.

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas, M. D

6-4-, 1926 (Address) 822 N Dond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lamb Cemetery

DATE OF BURIAL, June 7 1926

20-UNDERTAKER. Robert W. Wilson

ADDRESS 1515 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

1500 N. Broad.

11266

HEALTH DEPARTMENT—CITY OF BALTIMORE E 11266

129

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1911 Fleet ST. 2-3 WARD)

2-FULL NAME John M. Langrehr

(a) RESIDENCE NO. 1911 Fleet st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Langrehr

6 DATE OF BIRTH (month, day, and year): Dec 22 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Walburga Staub

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germ

14 Informant (Address): Elizabeth Langrehr 1911 Fleet st.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/2 1926, to 6/2 1926, that I last saw him alive on 6-3 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

duration yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Chr. Int. nephritis

duration 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dane Crider M. D.

, 19 (Address) 1102 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 7 1926

20 UNDERTAKER: Jos. J. Kerr — ADDRESS: 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11267

11267

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 Rosemont ave. ST. 27-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin J. Cheetham

(a) RESIDENCE NO. 45 Rosemont ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lelia Cheetham

6 DATE OF BIRTH (month, day, and year): Feb. 19/1870

7 AGE: Years 56 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Proof Reader

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

063

9 BIRTHPLACE (city or town) Canton (State or country) Ohio

PARENTS

10 NAME OF FATHER Richard Cheetham

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary B. Pickup

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Lelia Cheetham (Address) 45 Rosemont ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17

I HEREBY CERTIFY, That I attended deceased from March, 1926, to June 4, 1926, that I last saw him alive on June 4, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Webster, M. D.

, 19 (Address) 703 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: June 7 1926

20 UNDERTAKER: Jos. J. Herr ADDRESS: 156 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11268

CERTIFICATE OF DEATH.

4 129 E 11268

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 76 E. Spring ave. ST. Raspeburg WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael A. Snyder

(a) RESIDENCE No. 76 E. Spring Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Aaron G. Snyder

6 DATE OF BIRTH (month, day, and year) March 8th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Ohio

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Ohio

14 Informant Stella Snyder (Address) 76 E. Spring Ave. Raspeburg

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1926 to June 3 1926.

that I last saw her alive on June 3rd 1926,

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio Sclerosis, paralysis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs, Microscopical Exam

(Signed) Edw. H. Bryson, M. D.

June 5 1926 (Address) Oakleaf Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pennsylvania

DATE OF BURIAL June 7 1926

20 UNDERTAKER Frederick Lassahn & Sons

ADDRESS Fullerton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11269 — 74-001 ✓

CERTIFICATE OF DEATH.

E 11269

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 3300 Edgemont St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris ROSENBERG

(a) RESIDENCE NO. 3300 Edgemont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie ROSENBERG

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 70 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant: J. Lewis

(Address) 1439 E. Baltimore St.

15 Filed 6-5 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible], M. D. (Coroner)

6/5 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooklyn, New York — Date of Burial: 6-5 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11270
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 11270
REGISTERED NO.

City of BALTIMORE: (No. 1044 Granby St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis adler.

(a) RESIDENCE NO. 1044 Granby St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	83			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Ellis Adler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Edith Abrams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Charles Adler
(Address) 1044 Granby St

Filed JUN 5 - 1926

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 June 4, 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to June 4, 1926, that I last saw him alive on June 3, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:
Myocardial insufficiency
Myocardial failure
induced by old age.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —
If not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Nathan W. Shock, M. D.
6/4, 1926 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew North Point Rd Cemetery — Date of Burial 6/6/1926

20 UNDERTAKER: H. Lurman & Bro — ADDRESS 1127 E Baltimore St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11271

CERTIFICATE OF DEATH.

74-001 E 11271

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Park Heights St., 15-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Goldberg

(a) RESIDENCE No. 4104 Park Heights ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie Knichbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant D. Goldberg
(Address) 4104 Pattapsco Ave

15 Filed ... 192... C. HAMPSON JONES, M. D. Registrar

No 6 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/ 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) John H. Morrison M. D. (Coroner.)

6/5/ 192 6 (Address) 3032 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rodedale	6/6 192 6

20 UNDERTAKER J. S. Fennon Sons ADDRESS 1127 E Bal St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11272

CERTIFICATE OF DEATH.

100-00 E 11272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Eutaw Place ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Mullahey

(a) RESIDENCE NO. 1407 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna May

6 DATE OF BIRTH (month, day, and year) June 6, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Patrick J. Mullahey

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Harry A. Colleran

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Edna May Mullahey (Address) 1407 Eutaw St

15 Filed ... 1926 ..., 19... C. HAMPSON JONES, M. D. Registrar Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to June 3, 1926, that I last saw him alive on June 3, 1926, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harry Linden, M. D.

6/3, 1926 (Address) 2420 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 6/7 1926

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11273

187-006

E 11273

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Annesley Road St. 25-4 Ward)

2-FULL NAME H Ellen Burton

(a) RESIDENCE NO. 23 Maryland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L Burton

6 DATE OF BIRTH (month, day, and year) Apr 2 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry Bailer

(c) Name of employer Parks

9 BIRTHPLACE (city or town) Baltimore

(State or country) Baltimore

PARENTS

10 NAME OF FATHER George Burton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah J Sanders

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Annie L Burton

(Address) 33 Md Ave Westport

15 Filed June 7 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to Injury death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound Fracture of Femur

Crushing injuries of abdomen

Accidental (duration) Hrs. min. days

CONTRIBUTORY (Secondary) Unascertained

(duration) yrs. mos. ds.

(Signed) Samuel H Hawkins M. D.

(Coroner)

, 19 26 (Address) 825 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL MY Olivet Date of Burial June 7 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

(Burial)

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11274

CERTIFICATE OF DEATH.

90

E 11274

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Evesham Ave ST.: 27-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ryan Elden Oswald

(a) RESIDENCE. NO. Evesham Ave Govans ST. 403 WARD. 27

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 1 mos. X ds. How long in U. S., If of foreign birth? 71 yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 2-11-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	71	4 3	+ 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Oswald

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Hebron

13 BIRTHPLACE OF MOTHER (city or town) & (State or country) Md

14 Informant Mary E. Lockey Mrs

(Address) 403 Evesham Ave. City

15 Filed NO - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5-1926

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1926, to June 5, 1926, that I last saw h alive on June 4, 1926, and that death occurred, on the date stated above, at 1.0 Pm.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis + heart Weakness

(duration) X yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) X yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam of heart & lungs

(Signed) Dr H. E. Benson M. D.

June 1926 (Address) 6010 York Road Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: June 7 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 11275

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Mt. Elderry ST., 20-4 WARD)

2-FULL NAME Karl F. Heise

(a) RESIDENCE NO. 2914 Mt. Elderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Heise

6 DATE OF BIRTH (month, day, and year): Jan 10 1840

7 AGE: Years 86 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Katherine Heise

(Address) 2914 Mt. Elderry.

15 Filed 1926

C. HAMPSON JONES, M. D.

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1926

17 I HEREBY CERTIFY, That I attended deceased, from May 25, 1926, to June 4, 1926, that I last saw him alive on June 4 1926, and that death occurred, on the date stated above, at 11:38 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause, M. D.

, 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Reformed

DATE OF BURIAL: June 2 1926

20 UNDERTAKER: John Ulrich

ADDRESS: 2108 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 11276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11276

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Dannie Martin

(a) RESIDENCE NO. 1 Holyoon Park Road St., Ward

(Usual place of abode) Walyoon. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Martin

6 DATE OF BIRTH (month, day, and year) 4-27-850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scrub Lady in office

(b) General nature of industry, business, or establishment in which employed (or employer) Jno Cumberton

(c) Name of employer Law Bldg. Balto Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Zebelin Mitchell

11 BIRTHPLACE OF FATHER (city or town) Cambridge Md.

12 MAIDEN NAME OF MOTHER Margaret Mansfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Dannie Martin

(Address) 1 Holyoon Park Road

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

6 - 1926. Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 '26

17 I HEREBY CERTIFY, That I attended deceased from 6-1-26, 19..., to 6-5-26, 19...,

that I last saw her alive on 6-5-26, 19...,

and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

Hypertonic degeneration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Maryland Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL June 7 1926

20 UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager st.

Spec.—1-12-23—M&T—500 Bks.

11277

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 11277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 650 6th Ave Rognel Hts 28-4 (No. ST. WARD)

CITY OF BALTIMORE: (No.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Catherine McMechen

(a) RESIDENCE NO. 650 6th Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6 DATE OF BIRTH (month, day, and year) Jan. 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~70~~	69	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer do

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Samuel Henry

11 BIRTHPLACE OF FATHER (city or town) Carroll Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Feather

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Mrs Lena Abrahams

(Address) 632 Eutaw, Balto

Filed 6 - 1926, 19 C. HAMILTON JONES, M. D.

Per L.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to June 4, 1926

that I last saw her alive on June 4, 1926

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Physical

(Signed) Fred T. Lyon, M. D.

, 19 (Address) 3321 Fldsmere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL June 7 1926

20 UNDERTAKER Wm Fickner Sons ADDRESS Hoods Pa

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11278

CERTIFICATE OF DEATH.

113 E 11278

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Hosp. St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wisenbaker Katharine

(a) RESIDENCE NO. 3913 Glyndon Falls Parkway Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 5 - 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James L. Wisenbaker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Georgia

12 MAIDEN NAME OF MOTHER Louise Morgan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Troup Co Ga

14 Informant James L. Wisenbaker

(Address) 3913 Glyndon Falls Pkwy

15 Filed (19) J. HAMPSON JONES, M. D.

6 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to June 6, 1926, that I last saw h.er alive on June 6, 1926, and that death occurred, on the date stated above, at 5:15 A m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Vomiting

(under 1yr)

(duration) yrs. mos. 15 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? clinical only

(Signed) George B Buell, M. D.

, 19 (Address) Church Home Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gray, Georgia

Date of Burial June 6 1926

20 UNDERTAKER

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11279

CERTIFICATE OF DEATH.

90

E 11279

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1630 N. Port St. 8-2 Ward)

2-FULL NAME Agnes Frost

(a) RESIDENCE NO. 1630 N. Port St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of Late Thos. Frost

6 DATE OF BIRTH (month, day, and year) Sept 15 49

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	76	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER John Hooper

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Thos. Frost

(Address) 1630 N. Port St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3/26

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1926 to June 3, 1926, that I last saw her alive on June 2, 1926, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Arthritis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White Jr., M. D.

19 (Address) 2801 W Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 6/7 1926

20 UNDERTAKER Philip Herwig

ADDRESS 3016 Orleans St

6 JUN 1926

Spec.—1-12-23—M&T—500 Blks.

11280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-00 E 11280

1-PLACE OF DEATH Balto City Hospls 20-5 REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Chedlock

(a) RESIDENCE No. 2002 Wilkens Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca Chedlock

DATE OF BIRTH (month, day, and year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Maker

(c) Name of employer 088

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hosp (Address) Balto Md

15 Filed 6-6-1926 C. HAMPSON JONES, M. D. Registrar

For R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6 26

17 I HEREBY CERTIFY, That I attended deceased from 4-8 1926 to 6-6 1926

that I last saw him alive on 6-5 1926

and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis Agitated Depressed Type

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry [illegible] M. D.

6-6 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Wash. Road — DATE OF BURIAL 6-6- 1926

20 UNDERTAKER Jackheim — ADDRESS 1432 E Balt

Cor.—12-9-25—A Co.—200 Bks.

E 11281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118001

E 11281 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Malecki

(a) RESIDENCE NO. 1028 S. Streeper St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frances Malecki

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Walter Malecki (son)

(Address) Essups, Md

15 Filed 6-1926 19 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure-(Coronary Arterlosclerosis-Pericarditis

--

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Baker M. D.

(Coroner)

6/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. Date of Burial 6/7 1926.

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11282

CERTIFICATE OF DEATH.

90

E 11282

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Edgewood St. ST. 16-2 WARD)

2-FULL NAME John Deems Warkmeister,

(a) RESIDENCE NO. 718 Edgewood St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Spet. 17. 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	8	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Warkmeister,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie E. Deems,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Louis Warkmeister (Address) 718 Edgewood St

15 Filed JUN 7 1926 . H. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 5 1926

17 I HEREBY CERTIFY, That I attended deceased from March . 1926 . to June . 1926 .

that I last saw him alive on June 4 . 1926 .

and that death occurred, on the date stated above, at 7:00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo and pancreatitis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) George L. Wilson, M. D.

. 19 (Address) 4000 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park DATE OF BURIAL JUN 7 1926

20 UNDERTAKER Geo R Little ADDRESS 2700 EDMONDSON AVE.

Spec.—1-10-23—M&T—1500 Bks.

Frank.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11283

CERTIFICATE OF DEATH.

57 E 11283

1-PLACE OF DEATH F.S.N. Franklin Square Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-21 ST., WARD)

2-FULL NAME A. Emelia Frank

(a) RESIDENCE NO. 1805 Wilhelm St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Frank

6 DATE OF BIRTH (month, day, and year) Nov. 21, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Adam Brautigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Hinkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records F.S.N. Franklin Sq. Hosp.
(Address) Baltimore 2nd Fayette Sts

15 Filed ..... 19 C. HAMILTON JONES, M. D. Registrar

6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to June 3, 1926.

that I last saw h 1 alive on June 3, 1926.

and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Diabetes

Cl

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Chas Archofel, M. D.

June 4, 1926 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL June 7 1926

20 UNDERTAKER Geo L B Cook

ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11284

CERTIFICATE OF DEATH.

31 E 11284

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (B 17-1) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Trusty

(a) RESIDENCE No. 536 Lambert st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Trusty

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas H. Trusty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Agnes Dunson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

17 Filed 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 1, 19 26, to June 3, 19 26, that I last saw him alive on June 3, 19 26, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis with massive pleural effusion

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm C Lane Jr M. D.

6-3-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL June 7 26

20 UNDERTAKER Samuel T Kinsley ADDRESS 57 Bolton

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11285 44 E 11285

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (NO. 649 W Barre ST.: 23-1 WARD)

2-FULL NAME Amelia Mc Daniels

(a) RESIDENCE. NO. 649 W Barre ST.: 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem'	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Mc Daniels

6 DATE OF BIRTH (month, day, and year) [illegible] 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Sam J. Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm Mc Daniels (Address) 649 W Barre St.

15 Filed - 1926 C. HAMPSON JONES, M. D. Registrar Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1925 to June 4th 1926, that I last saw her alive on June 4th 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cachexia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No, Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6/5/1926 (Address) 908 Shar St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 7 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Rend Hill

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11286

E 11286

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Park av ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Perry Gerstell

(a) RESIDENCE NO. 1311 Park ave ST., WARD Keyser W Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a ~~If married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Dr. Robt Gerstell

6 DATE OF BIRTH (month, day, and year) May 1857

7 AGE: Years 69; Months ?; Days ?; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (37)

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Keyser W. Va.

PARENTS

10 NAME OF FATHER John Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Keyser W. Va.

12 MAIDEN NAME OF MOTHER Sallie Grimm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Keyser W. Va.

14 Informant Harry B Smith (Address) 1311 Park ave

15 Filed ....., 19.... Registrar

C. HAMPSON JONES, M. D.

JUN 7 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6 1926 to June 6 1926

that I last saw h alive on June 6 1926

and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(In Coma of failure of Compensation)

Dead unconscious

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Ch. Valvular Heart Disease

(duration) Many yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Jones M.D.

6-7, 1926 (Address) 1311 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Keyser W. Va.

DATE OF BURIAL: June 7 1926

20 UNDERTAKER: Henry H Jenkins Sons

ADDRESS: McCulloh & Oakland

5/8

sec.—1-12-23—M&T—5C0 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11287

CERTIFICATE OF DEATH.

3 E 11287

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 22-1 WARD)

2-FULL NAME William Jeffress

(a) RESIDENCE NO. 647 W. Lee Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Waiter

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed , 19 C. HAMPSON JONES, M. D.

By Registrar

JUN 7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 30, 1909 to June 3 1926

that I last saw him alive on June 3, 1926

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fb. Enteritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry H. Mowatt M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL June 7 1926

20 UNDERTAKER N. L. Brown & Son — ADDRESS 1 W. Monty St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11288

CERTIFICATE OF DEATH.

13 E 11288

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Green ST. 22-1 WARD)

2-FULL NAME Eva May Hall

(a) RESIDENCE No. 711 N. Green ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 14 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER George Hall

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Hall

13 BIRTHPLACE OF MOTHER (city or town) Westmoreland Co (State or country) Va.

14 Informant George Hall
(Address) 711-A-Green st

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JUN 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 3, 1926, that I last saw her alive on June 3, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Jones, M. D.

19 (Address) 29 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cl — DATE OF BURIAL June 7 1926

20 UNDERTAKER A. L. Brown & Son — ADDRESS 1016 W Mondawmin

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 11289 — REGISTERED NO. E 11289

1-PLACE OF DEATH

City of BALTIMORE: (No. 1639 Aisquith St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Heller

(a) RESIDENCE NO. 1639 Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lavinia Lee Heller

6 DATE OF BIRTH (month, day, and year): Sept. 15 1861

7 AGE — Years: 64 — Months: 9 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Banker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Safe Deposit Trust Co

9 BIRTHPLACE (city or town):

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Caspar Heller

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Heller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs Lavinia L. Heller

(Address): 1639 Aisquith St

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

- 1926 Per K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 3, 1926, that I last saw him alive on June 3, 1926, and that death occurred, on the date stated above, at 4 30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension Arterio-Sclerosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY Uremia (Secondary)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac Ziegler, M. D.

June 6, 1926 (Address) 1626 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: June 7 1926

20 UNDERTAKER: Geo. F. Rutt — ADDRESS: 1735 Harford Ave.

Spec.—12-9-25—A Co.—200 Bks.

Gibson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11290 90 **E 11290**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1608 Keyser St., 8-3 Ward)

2-FULL NAME Alice Gibson

(a) RESIDENCE NO. 1608 Keyser St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Shepherd

6 DATE OF BIRTH (month, day, and year): Aug. 16 1857

7 AGE: Years 68 | Months 9 | Days 19 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Md

PARENTS

10 NAME OF FATHER: Ralph Spruce

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Md

14 Informant: Jamie E. Gibson

(Address): 1608 Keyser St

15 Filed JUN 1 - 1926 19 ____ G. HAMPSON JONES, M. D. Registrar K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1926

17 I HEREBY CERTIFY That I attended deceased from June 1 1926 to June 4 1926

that I last saw h[illegible] alive on June 3 1926

and that death occurred, on the date stated above, at 1-0 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Acute Nephritis

Hypertension

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary): Acute Cardiac Debility

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) T. Lindsay Steele M.D.

6-5 1926 (Address) 1608 Keyser St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Date of Burial Jun 7 1926

20 UNDERTAKER: William Cook ADDRESS 502 E Fayette

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

11291 E 11291

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital 9-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hattie Heine

(a) RESIDENCE NO. 1542 Abbottston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND OF~~
or) WIFE of

DATE OF BIRTH (month, day, and year) July 12 1882

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	10	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER ? Dash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Lantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Harry Heine

(Address) 1542 Abbottston

Filed ....., 19.... Registrar

HAMPSON JONES, M. D.

JUN 7 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1926, to June 6th, 1926.

that I last saw her alive on June 6th, 1926.

and that death occurred, on the date stated above, at 2 10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Hyperthyroidism

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxic myocarditis

(duration) Unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 2nd 1926

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) B. M. Rhodes, M. D.

June 7th 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 6/9/26

20 UNDERTAKER Wm Cook

ADDRESS 502 Elvaton

Spec.—1-10-21—M&T—1500 Bks.

E 11292 HEALTH DEPARTMENT—CITY OF BALTIMORE

143-002

CERTIFICATE OF DEATH.

E 11292
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mayland General Hospital ST. WARD)

2-FULL NAME Mrs Margaret Franklin

(a) RESIDENCE NO. 1712 E 29th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Jas Franklin

6 DATE OF BIRTH (month, day and year) June 15-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Wm Bass
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Margt Saunders
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph Franklin
(Address) 1712 E. 29 St.

15 Filed JUN 7 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to June 5, 1926, that I last saw h alive on June 5, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Secondary Hemorrhage following Ruptured Tubular Pregnancy

(duration) yrs. mos. 5 Hrs ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of June 4-1926
Was there an autopsy? No
What test confirmed diagnosis? Clinical + Operative
(Signed) Geo A Tompkins, M. D.
, 19 (Address) 1715 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL June 8 1926
20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11293 **E 11293**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1437 E Eager ST., 10-27 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Boyd

(a) RESIDENCE No 1437 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Febry 13 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	7 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John H. Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Maryland

12 MAIDEN NAME OF MOTHER Mary E. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Maryland

14 Informant Miss Mollie E. Boyd

(Address) 1437 E Eager St

15 Filed JUN 7 - 1926 H. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30th 26 to June 6 1926.

that I last saw him alive on June 6th 1926,

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 0 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stone, M. D.

(Address) 1501 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL June 8 1926

20 UNDERTAKER John B Spencer — ADDRESS 1325 N Caroline St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11294 36-002 E 11294

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. State Penitentiary 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. August Smolinski

(a) Residence No. Lodge Green Baltimore Co. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6-DATE OF BIRTH (month, day and year) Dec-21 1845

7-AGE. 30 yrs. 5 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ~
(c) Name of employer ~

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Adolph Smolinski

11-BIRTHPLACE OF FATHER (city or town) Poland (State or Country),

12-MAIDEN NAME OF MOTHER, Bertha Smolinska

13-BIRTHPLACE OF MOTHER (city or town) Poland (State or Country),

14- (Informant) Md. State Penitentiary

(Address) Balto. Md.

JUN - 1926 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 2nd 1926

17. I HEREBY CERTIFY, That I attended deceased from July 1 1925 to June 2 1926

that I last saw him alive on June 2 1926

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Arthritis of Cuboid, bones and lumbar vertebra

(Duration) 1 yrs. — mos. 28 ds.

CONTRIBUTORY (Secondary) ~ (Duration) ~ yrs. ~ mos. ~ ds.

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? Yes Date of March 16-1926

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) Albert L. Anderson, M. D.

June 3, 1926 (Address) Md. State Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. June 7 1926

20-UNDERTAKER. Wm Cook ADDRESS 902 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11295

CERTIFICATE OF DEATH.

12 E 11295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Roach's Park) (St. Mt Washington) (Ward 27-4)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Hook

(a) RESIDENCE. No. Locked Mt Washington St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva J Hook

6 DATE OF BIRTH (month, day, and year): April 7 1838

7 AGE — Years: 88 — Months: 1 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired 15 years

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER: Samuell Hook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Charles F. Hook

(Address) Roach's Park Mt Washington

15 Filed , 19 HANSON JONES Registrar

NT - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to June 6, 1926, that I last saw h[im] alive on June 5 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Prostatic Hypertrophy

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt Washington

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J H Blue M. D.

6/7, 19 (Address) 3516 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: June 9 1926

20 UNDERTAKER: Horace R. Burgee — ADDRESS: 1731 Hall Rd

Spec.—12-9-25—A Co.—200 Bks.

EUTAW PLACE & WILSON ST.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11296

CERTIFICATE OF DEATH.

129 E 11296

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Markborough Apts. 9 G. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis H. Frank

(a) RESIDENCE NO. Marlborough Apts. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Frank

6 DATE OF BIRTH (month, day, and year) ~~October 26,~~ Oct. 26, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Frank

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Morningstar

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Ben. Frank

(Address) Marlborough Apts.

15 June 1926 16 C. HAMPSON JONES, M. D. Registrar

Per R.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th. 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1924, to June 6, 1926, that I last saw h.. alive on June 5, 1926, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Cardiac Dilatation

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis; Chronic Nephritis

Dyspnoea (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

June 7, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem. Date of Burial: 6/8/26 19

20 UNDERTAKER: David Sondheim ADDRESS: 1420 W. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

Hammel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11297

E 11297

CERTIFICATE OF DEATH.

PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. City Hospitals St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hammell

(a) RESIDENCE NO. Harrans Point St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): not known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): June 19-1902

7 AGE: Years 23 Months 11 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oiler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country): Duncastle Pa

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs. Witzgall

(Address) 1815 Ft Avenue

C. H. HAMPSON JONES, M. D.

15 Filed_____, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 May 31,

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Automobile accident

Details not known

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 2 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery Date of Burial: June 2 1926

20 UNDERTAKER: H. Sonder Sons ADDRESS: 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11298 129 E 11298

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 181 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Brunner

(a) RESIDENCE NO. 947 Bennett Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/7/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
68	66	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER unknown Joseph Brunner

11 BIRTHPLACE OF FATHER (city or town) " Germany (State or country)

12 MAIDEN NAME OF MOTHER " Barbara Muller

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant (Address) Nephew John Kuel 947 Bennett Place

15 Filed JUN 7 - 1926 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5-1926

17 I HEREBY CERTIFY, That I attended deceased from 5-6, 1926, to 6-5, 1926, that I last saw her alive on 6-5, 1926, and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Heron Stuntz M. D.

6/5, 1926 (address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

UNDERTAKER H. Blumenthal Son

DATE OF BURIAL 6/8 1926

ADDRESS 517 Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11299

161-001

CERTIFICATE OF DEATH.

E 11299

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Green St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.. Baby Girl Warrington

(a) Residence No. 719 W. Fayette St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. Life How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 31, 1926

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 13 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of Industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9-BIRTHPLACE (city or town): Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Layton Warrington

11-BIRTHPLACE OF FATHER (city or town) Lewes (State or Country), Del.

12-MAIDEN NAME OF MOTHER, Hallie May Allen

13-BIRTHPLACE OF MOTHER (city or town) Wilmington (State or Country), Del.

14- (Informant) Hallie May Warrington

(Address) 719 W. Fayette St.

15- Filed 1-7-1926 C. HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 1, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 31, 1926 to June 1, 1926.

that I last saw her alive on June 1, 1926.

and that death occurred, on the date stated above, at 1.00 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick H. Snyder, M. D.

June 1 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Heim

HEALTH DEPARTMENT—CITY OF BALTIMORE

11300 **E 11300**

CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 10-3 ST. / WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Heim

(a) RESIDENCE NO. 423 N. Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct. 6 - 1922

7 AGE: Years 4 | Months 3 | Days 30 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: William K. Heim Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Ruth E. Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mr. William K. Heim Jr.

(Address) 423 N. Pulaski St.

15 Filed June 7 1926 19 HAMPSON JONES M.D. Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1926

17

I HEREBY CERTIFY, That I attended deceased from 6/3 , 19 26 , to 6/5 , 19 26 .

that I last saw h alive on 6/5 , 19 26 ,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Appendectomy - Emerg

Did an operation precede death? Yes Date of 6/3/26 ,

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Operation

(Signed) Louis Gundlach, M. D.

June 5, 1926 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: June 7 1926

20 UNDERTAKER: George L. Schwab — ADDRESS: 210 Fulton Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11301 188-603 **E 11301**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St., 15-3 Ward)

2-FULL NAME Charles W. Parks

(a) RESIDENCE NO. 2608 Kenworth Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of Elda Parks

6 DATE OF BIRTH (month, day, and year) Sept. 21. 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) June 7, 19 4

(State or country) Tangier Va

PARENTS

10 NAME OF FATHER Edward L. Parks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Tangier Va

12 MAIDEN NAME OF MOTHER Eliza J. Bunce

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Ernest E. Parks

(Address) 2608 Kenworth ave

C. HAMILTON JONES, M. D.

15 Filed June 7 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull about 12 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner)

(Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tangier Va Date of Burial June 7 1926

20 UNDERTAKER Mrs. John W. Tenfel & Son ADDRESS 89 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11302

E 11302

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E Fort ave. ST. 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Doyle

(a) RESIDENCE NO. 1408 E Fort ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Doyle deceased

6 DATE OF BIRTH (month, day, and year) March 17, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) General.

(c) Name of employer Balto City.

9 BIRTHPLACE (city or town) Ireland.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Doyle.

11 BIRTHPLACE OF FATHER (city or town) Ireland.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or country)

14 Informant Theresa Kings. (Niece)
(Address) 1408 E Fort ave

15 Filed JUN 1 - 1926 HAMPSON JONES, M. D.
Registrar
Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1926, to June 4, 1926.

that I last saw him alive on June 4, 1926

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Hypertension

Chronic Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Thos. F. A. Stevens, M. D.

6/5, 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL June 8 1926

20 UNDERTAKER Margaret J. Flynn

ADDRESS 1422 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

Theresa M Gisriel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11303 E 11303

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 N Fremont ST.; 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa M. Gisriel

(a) RESIDENCE. NO. 33 N. Fremont ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Gisriel

6 DATE OF BIRTH (month, day, and year): Jan. 30 1897

7 AGE: Years 29 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Ott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): wife 33 N. Fremont

15 Filed JUN 7 1926 HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 6.24.25, 19..., 6.5.26, 19..., that I last saw h.. alive on 6.4.26, 19..., and that death occurred, on the date stated above, at 4.25 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Philip O. Faulen, M. D.

June 7 19 26 (Address) 1732 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 8 1926

20 UNDERTAKER	ADDRESS
John C Miller	3317 E Monument

Spec.—1-10-21—MAT—1500 Bks.

E 11304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. North ave. ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael R. Jenkins

(a) RESIDENCE NO. 506 E. North ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Jenkins

6 DATE OF BIRTH (month, day, and year): July 8th, 1841

7 AGE: Years 84; Months 10; Days 26; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Benjamin Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ruth Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lawrence E. Jenkins

(Address): 1930 E. 31st St.

Filed 7-1926

C. HAMPSON JONES, M.D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from 4/6, 1926, to 6/4, 1926

that I last saw her alive on 6/4, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

6/5, 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cemetery (Hampden)

DATE OF BURIAL: 6/7 1926

20 UNDERTAKER: E. J. Fanning Inc

ADDRESS: 1938 E. Lafayette Ave

ec.—1-12-23—M&T—500 Bks.

E 11305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11305

CERTIFICATE OF DEATH.

+129

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-3 WARD)

2-FULL NAME Fred Finchler

(a) RESIDENCE NO. El Paso, Texas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred > yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Leukrom 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Frederick Finchler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Thuman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant David J. Finchler

(Address) El Paso Texas

Filed 1926, 19 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 4, 1926,

that I last saw h[illegible] alive on June 4, 1926

and that death occurred, on the date stated above, at 10 50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerative Colitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Fred W. Kratz, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Inglewood Cem Los Angeles Calf.	6/7 19 26
20 UNDERTAKER	ADDRESS
Chas S. Wand & Son	1180 W 7th Royal Oak

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11306

CERTIFICATE OF DEATH.

E 11306

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Nmi Hospital St., 4-1 Ward)

2-FULL NAME Jos. Filbur Chase.

(a) RESIDENCE NO. Harmons P.O. Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 hrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 25-1919

7 AGE — Years: 6 Months: 11 Days: 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Glenburnie

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Edwd Chase

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Ethel Howard

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: John E Chase

(Address): Harmons P.O. Arbo Md.

Filed JUN 7 - 1926 19__ G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Gun Shot Wound head.

(duration) __ yrs. __ mos. 1 hr.

CONTRIBUTORY (Secondary) Shocks.

(duration) __ yrs. __ mos. 1 ds.

(Signed) G. C. Bladen, M. D. (Coroner)

June 7 1926 (Address) 143 N B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbo Furness Branch Md Date of Burial: June 8 1926

20 UNDERTAKER: A J Fisher ADDRESS: Glenburnie Md.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11307

CERTIFICATE OF DEATH.

74-001 E 11307

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2812 Brighton St., 16-3 Ward)

2-FULL NAME Rebecca Armheimer

(a) RESIDENCE NO. 2812 Brighton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Armheimer

6 DATE OF BIRTH (month, day, and year) Jan 16/1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto - Md

(State or country)

PARENTS

10 NAME OF FATHER Jacob Ruben

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Stern

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant David Armheimer

(Address) 2812 E Brighton St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 6, 1926, that I last saw her alive on June 6, 1926, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted c

if not at place of death? —

Did an operation precede death? c Date of

Was there an autopsy? c

What test confirmed diagnosis?

(Signed) Martin E Trichman, M. D.

6/7, 1926 (Address) 2002 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chevra Shalom Cemetery — Date of Burial June 8 1926

20 UNDERTAKER J. Rhems & Co — ADDRESS 331 Baston

Spec.—1-10-21—M&T—1500 Bks.

11308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11308

CERTIFICATE OF DEATH.

+ 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hospital. ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Nathan Poines a.a, Co Md

(a) RESIDENCE NO. 806 Annapolis Blvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ ~~(or) WIFE of~~ Mary C. Delacour

6 DATE OF BIRTH (month, day, and year) 4/3/74

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Mexican Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Elija B Poines

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Delaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Deceased (Address)

15 1926 19 C. CLAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1926, to June 5, 1926, that I last saw him alive on June 5, 1926, and that death occurred, on the date stated above, at 11.10 a m.

The CAUSE OF ON DEATH* was as follows:

Ruptured appendix - General peritonitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of May 29, 1926

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Kent C. Hammond, M. D.

, 19 (Address) Md Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 6/8 19 26

20 UNDERTAKER J. F. Takenstone

ADDRESS 131 E Lafayette

Spec.—1-10-21—M&T—1500 Bks.

E 11309

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11309

CERTIFICATE OF DEATH.

1263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sophia Vaeth

(a) RESIDENCE NO. 28 Echodale ave Mt Hope Retreat ST. 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo F. Vaeth

6 DATE OF BIRTH (month, day, and year): Dec 23 1861

7 AGE: Years 64 Months 5 Days 11 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Household

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Philip Nengel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Geo F. Vaeth

(Address): 28 Echodale ave

15 6-5 1926 C. HAMPSON JONES, M. D., Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to June 4, 1926, that I last saw her alive on June 4, 1926, and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Addison's Disease (duration) unknown mos. ds.

CONTRIBUTORY (Secondary) Depression Psychosis (duration) — yrs. 7 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Physiological

(Signed) C. D. Lenox, M. D.

6-5, 1926 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: 6/8 1926

20 UNDERTAKER: J. J. Tobey & Sons

ADDRESS: 1518 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11310

CERTIFICATE OF DEATH.

185 E 11310

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John St John

(a) RESIDENCE NO. 2206 Guilford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie St John

6 DATE OF BIRTH (month, day, and year) July 26 - 1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	27	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoeshine Boy

(b) General nature of industry, business, or establishment in which employed (or employer) Barber Shop

(c) Name of employer Bethlehem Bridge Co. Bethlehem Pa

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER J. B. St John

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary V Jordan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Susie St John

(Address) 2206 Guilford Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

- 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May June 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull caused by accidentally falling from building at Sp. Bethlehem

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) W. F. Mills M. D.

(Coroner)

June 7, 1926 (Address) 1639 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sampson Va

Date of Burial 6/7 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Balto

Spec.—1-10-21—M&T—1500 Blks.

E 11311

E 11311 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 N. Calhoun ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Carsins

(a) RESIDENCE No. 609 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Carsins

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	23rd	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Canner 186

(b) General nature of industry, business, or establishment in which employed (or employer) Canning Vegetables

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Hanford Co. Md.

PARENTS

10 NAME OF FATHER William Carsins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maynard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Corinne Jones (Address) Aberdeen Md.

15 Filed 6-1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 6, 1926, that I last saw h in alive on June 5, 1926, and that death occurred, on the date stated above, at 7. A. m.

The CAUSE OF DEATH* was as follows: Acute dilatation Heart Chronic N.-p. conditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Byrd, M. D.

6/7. 1926 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bakers Cemetery Aberdeen Md. DATE OF BURIAL June 8 1926

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11312

CERTIFICATE OF DEATH.

X 90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Biddle ST. 11-2 WARD)

2-FULL NAME Rosa Thompson

(a) RESIDENCE. No. St Marys Co, Md ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. one mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Thompson

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jas Milburn (Address) 417 Orchard St

15 Filed ..... 19 ..... Registrar .....

- 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 28 1926, to June 5 1926, that I last saw h— alive on June 4 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage with hemiplegia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Organic heart disease

Acute incomp (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? St Marys Co Md

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Chas. J Kelly M. D.

6/6, 1926 (Address) 222 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pota Bella Mg — DATE OF BURIAL: June 7 26

20 UNDERTAKER: James L Knowles — ADDRESS: Biddle

C. HAMPSON JONES, M.D.

Spec.—12-9-25—A Co.—200 Bks.

(Cerni)

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 11313 **E 11313**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1308 Glyndon St. 21-2 Ward)

2-FULL NAME Anna Cerni

(a) RESIDENCE NO. 1308 Glyndon St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 26 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Cerni

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Sodelek

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Sodelek

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Bohemia

14 Informant Joseph [illegible]

(Address) Oakdale Av

15 Filed JUN 1926, 19___ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) 6/6/26

17 I HEREBY CERTIFY, That I attended deceased from 6/14/25, to 6/6/26,

that I last saw her alive on 6/4/26, 19___,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Hypostatic Pneumonia

(duration) ___ yrs. ___ mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Fenig, M. D.

6/7, 1926 (Address) 9106 Liberty

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial June 8 1926

20 UNDERTAKER: Frank Crockett ADDRESS 1906 Bland

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11314

CERTIFICATE OF DEATH.

E 11314

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1234 Dellwood Ave St., 13-3 Ward)

2-FULL NAME Alice A Hardesty

(a) RESIDENCE NO. 1234 Dellwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8 1879

7 AGE 46 Years 11 Months 27 Days	IF LESS than 1 day.....hrs. or.....min.
47	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of indastry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Prince George Co Md

10 NAME OF FATHER Addison Hardesty

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Prince George Co Md

12 MAIDEN NAME OF MOTHER Carmelia A Gray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co Md

PARENTS

14 Informant Alice Hardesty

(Address) 1234 Dellwood

1926 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound Through the head Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John J Mahoney M. D. (Coroner)

6/5, 1926 (Address) 6312 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 9 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Northern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11315 E 11315

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Genrl Hosp (St.) 15-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Clara ~~Dalrey~~ Shemick

(a) RESIDENCE NO. 3817 Dalrymple Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wesley Shemick

6 DATE OF BIRTH (month, day, and year) Sept 28, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Frey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mamie Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Clara Shemick

(Address) 3817 Dalrymple Ave.

15 C. HAMPSON JONES, M. D.

1926 By ....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-16-26, 19..... to 6-7, 1926, that I last saw her alive on 6-7-26, 19, and that death occurred, on the date stated above, at 1.30 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastases of Carcinoma

(Pulmonary) (duration) ..... yrs. ..... mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) Mt. Genl Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/9 1926

20 UNDERTAKER: Henry W. Spears & Son — ADDRESS: 905 N. Calvert

ec.—1-12-23—M&T—500 Bks.

E 11316 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH SYDENHAM HOSP. 9-2

CITY OF BALTIMORE: (No. ..... ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Simons

(a) RESIDENCE NO. Alberton, Howard Co. Md. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Non Resident yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1921

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER William Symons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Clemmie Stickels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Milton H Easton

15 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to June 7, 1926, that I last saw her alive on June 7, 1926, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

6/7, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alberton M E Cem	June 8 1926
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 11317.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11317.

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1379 Andre (St.) 24-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME G. Edward Brigerman

(a) RESIDENCE NO. 1379 Andre ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE — Years 18 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger

(b) General nature of industry, business, or establishment in which employed (or employer) B & O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Joseph Brigerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) 1379 Andre St

15 Filed Jan 7 1926 C. THAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to June 5, 1926 that I last saw h[illegible] alive on June 5, 1926 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Dilatation (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

Jan 7, 1926 (Address) 644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 6/8 1926

20 UNDERTAKER J. F. Tabler & Sons — ADDRESS 1318 Light St

Spec.—12-9-25—A Co.—200 Bks.

Settle 2435 Maryland Ave.

E 11318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11318

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2507 Maryland St. 17-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura F. Hollingshead

(a) RESIDENCE NO 2507 Maryland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Kerr

6 DATE OF BIRTH (month, day, and year): Dec. 19, 1846

7 AGE: Years 79 | Months 5 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Gilbert

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant: Robert A. Kerr

(Address) 2507 Maryland Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 6, 1926, that I last saw him alive on June 4, 1926, and that death occurred, on the date stated above, at 1-45 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

Arteriosclerosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George W. Fitch M. D.

6/9, 1926 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial June 9 1926

20 UNDERTAKER: Cook & Norris ADDRESS Park Ave

ec.—1-12-23—M&T—500 Bks.

E 11319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11319

CERTIFICATE OF DEATH.

× 38

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Williams

(a) RESIDENCE NO. ~~Unknown~~ 1235 Hollins St., WARD Pittsburgh, Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ 3 mos. ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
53				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Trucking

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER ~~Unknown~~ Geo Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Unknown~~ Virginia

12 MAIDEN NAME OF MOTHER ~~Unknown~~ Caroline Bagley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Unknown~~ Virginia

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

FILED JUN 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1926 to June 5, 1926, that I last saw him alive on June 4, 1926 and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hamp Jones, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery.

DATE OF BURIAL June 8" 1926.

20 UNDERTAKER Wm J. Hartnett.

ADDRESS 1028 W. Franklin St.

...c.—1-12-22—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11320 E 11320

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roger Mallon

(a) RESIDENCE NO. Jersey Home ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | 4 COLOR OR RACE W. | 5 Single, ~~Married~~, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1848

AGE 78 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Roger Mallon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Self.

(Address)

Filed 1926, 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-6-1926

17 I HEREBY CERTIFY, That I attended deceased from 6-6-, 1926, to 6-6, 1926, that I last saw him alive on 6-6, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cholangitis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) W. F. Borgardt, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. | DATE OF BURIAL 6/8/26

20 UNDERTAKER Jos. A. Finley Sutton & Sayette | ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 11321 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11321

101-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Yousse

(a) RESIDENCE NO. 428 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Yousse

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
42				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hosp. Tab. Records.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per A.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 — 6 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-13-, 1926, to 6-6, 1926,

that I last saw her alive on 6-5-, 1926,

and that death occurred, on the date stated above, at 7 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 2 1 ds.

CONTRIBUTORY (Secondary) Staphylococcus aureus

Septicemia (duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Chem. Exam. + Lab. tests

(Signed) Chas. T. Deaver M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 6/9/26

20 UNDERTAKER Dilonge & Finley Fulton & Tyndall

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 11322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11322

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD) 20-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Erhardt

(a) RESIDENCE NO. 1925 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Erhardt

6 DATE OF BIRTH (month, day, and year) Apr 1 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54		2	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alexandria Va.

PARENTS

10 NAME OF FATHER: Peter Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Fanny Leech

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14 Informant: Deceased

(Address)

15 Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to June 5, 1926,

that I last saw h[illegible] alive on June 5, 1926,

and that death occurred, on the date stated above, at 10:20 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Kent K. Hammond, M. D.

, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	6/9/26
20 UNDERTAKER	ADDRESS
Frye & Finley Salter	Fayette

...e.—1-12-23—M&T—500 Bks.

E 11323 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11323

CERTIFICATE OF DEATH. 139

1-PLACE OF DEATH Bon Secours Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 70-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary M. Waters

(a) RESIDENCE No. 4202 Mass. Ave. ST., WARD

(Usual place of abode) Irvington Md.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hoyt N Waters

DATE OF BIRTH (month, day, and year) Dec 3 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	6	2.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER John L Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Emma Caballe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

Informant Hoyt N Waters

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to June 5, 1926

that I last saw her alive on June 5, 1926

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Bilateral acute Suppurative Parotitis following a Supravaginal hysterectomy for fibroid uterus (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Invasion & drainage of parotitis

Did an operation precede death? Yes Date of { May 26 '26 / 5/30/26 / 6/3/26 }

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 6/8/26

20 UNDERTAKER Joseph A Finley ADDRESS Fulton & Fayette

1926 C. HAMPSON JONES, M. D., Registrar

Per

Spec.—8-21—M&T—1500 Bks.

90 81

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11324

CERTIFICATE OF DEATH.

× 49E 11324

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. George Lyman

(a) RESIDENCE NO. 736 College Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mean College of Agriculture

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10 NAME OF FATHER Geo Lyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N H.

12 MAIDEN NAME OF MOTHER Elvira Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. H.

14 Informant Records
(Address) JOHNS HOPKINS HOSP

15 Filed 6 - 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 13th, 1926, to June 7th, 1926, that I last saw h[illegible] alive on June 7th, 1926, and that death occurred, on the date stated above, at 12 20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma head of Pancreas

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? W. Va

Did an operation precede death? Yes Date of May 20, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M. Firor, M. D.

, 19 (Address) Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morgantown W. Va. DATE OF BURIAL June 8 1926.

UNDERTAKER John O. Mitchell ADDRESS 126 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11325

CERTIFICATE OF DEATH.

31 E 11325

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Hanover ST. 23-7 WARD)

2-FULL NAME Etta Lucas

(a) RESIDENCE NO. 1729 Hanover ST., WARD

(Usual place of abode) (If ooo-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. N. Lucas

6 DATE OF BIRTH (month, day, and year) Nov 8 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	27 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles E Hampton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James E Lucas

(Address) 1729 Hanover St

15 Filed 1926, 19 Registrar C. HAMPSON JONES, M. D.

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 1926, to June 5 1926, that I last saw her alive on June 5 1926, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) X yrs. X mos. ds.

18 Where was disease contracted if not at place of death? Balto City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) J. Heisler, M. D.

, 19 (Address) 1340 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL 6-8 1926

20 UNDERTAKER E & B Hasle ADDRESS 115 E Mount St

Spec.—1-10-21—M&T—1500 Blks.

E 11326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11326

CERTIFICATE OF DEATH.

× 129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Christs Institution Hospital

CITY OF BALTIMORE: (No. 704 Ensor ST., 10-2 WARD)

2-FULL NAME Charles H. Dennis

(a) RESIDENCE NO. Passidenia a.a. Co Md ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Jul 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Sam Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Bertha Dennis

(Address): Passidenia a.a. Co Md

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per KJK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to June 7 - 1926.

that I last saw him alive on June 7 - 1926,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Complication Disease (duration) yrs. 6 mos. 14 ds.

18 Where was disease contracted if not at place of death? Passidenia A.A. Co Md

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Postive

(Signed) Dr. Gallagher, M. D.

6-7, 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Magothy. Md — DATE OF BURIAL: June 11 1926

20 UNDERTAKER: John H. Toadvine — ADDRESS 1027 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11327 E 11327

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1611 Riggs av St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mildred A Brown

(a) Residence No. 1611 Riggs av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Brown

6-DATE OF BIRTH (month, day and year) April 24 1892

7-AGE. 34 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer). 070

(c) Name of employer. Mrs. Stimlem

9-BIRTHPLACE (city or town) (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, James Henry Addison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER, Malinda Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

11- (Informant) Mrs Bessie Harris

(Address) 1611 Riggs av

NOV 8 - 1926

HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 6 1926

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1926 to June 6, 1926

that I last saw h alive on June 6, 1926

and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical - Sputum

(Signed) W. A. Magdt M. D.

(Address) 1709 Preston

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Johns chapel Calvert Co, Md

DATE OF BURIAL, June 9, 1926

20-UNDERTAKER. John H Toadvine

ADDRESS 1027 Druid Hill

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11328

CERTIFICATE OF DEATH.

45 E 11328

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST., WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Whitehead

(a) RESIDENCE NO. 141 Decatur St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Mar 26 - 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None wife. 37

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Martin Greiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosa Kutzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Baltimore City [illegible] Records (Address)

15 Filed 8 1926 H. HAMPSON JONES, M. D. Registrar

by K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1926, to June 5, 1926, that I last saw h[illegible] alive on June 5, 1926, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows: Carcinoma of the Cervix with metastasis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 9, 1926 Exploratory for obstruction

Was there an autopsy? No.

What test confirmed diagnosis? Operation & path.

(Signed) Isa P Chamberlain M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jun. 10, 1926

20 UNDERTAKER: Charles L Storms — ADDRESS: 130 E Fay St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11329

CERTIFICATE OF DEATH.

90 E 11329

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 714 N. Eutaw St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Katherine W. Brown

(a) Residence No..... 714 N. Eutaw St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brown

6-DATE OF BIRTH (month, day and year) not known

7-AGE,	If LESS than 1 day,
69 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 03

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, dont know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), dont know

12-MAIDEN NAME OF MOTHER, dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), dont know

14- (Informant) Mrs Sarah E Gladstone

(Address) 1919 E. 31st St.

Filed ..... 19?

28 - 1926 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 6th 1926

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1924, to June 6, 1926, that I last saw h.LA alive on June 6, 1926, and that death occurred, on the date stated above, at 6.35 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt J. Green M. D.

6-7, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	June 9th, 1926

20-UNDERTAKER,	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11330

CERTIFICATE OF DEATH.

× 90

E 11330

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1507 Poplar Grove St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia N. George

(a) RESIDENCE NO. 1507 Poplar Grove St. Ward Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September, 18"1841

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
84 85		8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER John S. George

11 BIRTHPLACE OF FATHER (city or town)

(State or country) U.S.

12 MAIDEN NAME OF MOTHER Mary Frances Whittington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) U.S.

14 Informant Cordelia G. Banks

(Address) 1507 Poplar Grove St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

JUN 8 - 1926 Per RLC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June, 5th., 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 1 1926, to June 5 1926,

that I last saw h.. alive on June 5 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

6/6 (Signed) E E Nichols, M. D.

, 1926 (Address) Pikesville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — Date of Burial June, 7, 26

UNDERTAKER Joseph L. Cook — ADDRESS 1003 W. Balto St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1133r

CERTIFICATE OF DEATH.

100 E 1133r

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Druid Hill Ave ST. 14-1 WARD)

2-FULL NAME Martha Ringgold

(a) RESIDENCE No. 1630 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Co
(State or country) Va

PARENTS

10 NAME OF FATHER Williams Hemings

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Gray

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Rebecca Stevenson
(Address) 1630 Druid Hill Ave

15 Filed JUN 8 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 4, 1926.
that I last saw her alive on June 4, 1926.
and that death occurred, on the date stated above, at 8.45 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 1 yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr. G.W. Kennard M. D.

6-5. 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 6/8 1926

20 UNDERTAKER Samuel Hawley

ADDRESS 578 N. Eddle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11332 E 11332

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Eastern Ave ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Weil

(a) RESIDENCE NO. 2619 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Weil

6 DATE OF BIRTH (month, day, and year) Sept 12, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	83	8	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER David Collinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Charles E. Weil

(Address) 2619 Eastern ave

Filed JUN 8 1926 C. HAMPSON JONES, M. D. Registrar

By RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April — 1924, to June 5 1924, that I last saw h— alive on June 5 — 1926, and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis. Senile

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Embolism —

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) David D Fraser M. D.

6/9 1926 (Address) 1705 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 6/9 1926

20 UNDERTAKER H Sander & Sons.

ADDRESS 1710 Fleet St

Spec 1-10-21—M&T—1500 Bks.

1974

E 11333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11333

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 4-3 WARD)

2-FULL NAME Anna Mary Young

(a) RESIDENCE NO. 339 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Martha Pinkney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 8 - 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from May 13th, 1926, to June 5th, 1926, that I last saw her alive on June 5th, 1926, and that death occurred, on the date stated above, at 8 55 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure.

Rheumatic fever.

(duration) 17 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL June 6/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Park

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11334

CERTIFICATE OF DEATH.

129 E 11334

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1120 N Milton Ave St 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma F Montgomery

(a) RESIDENCE NO. 1120 N Milton Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or Divorced, (~~write the word~~): Widow

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Garrett E Montgomery

6 DATE OF BIRTH (month, day, and year): Mch 10 1862

7 AGE: Years 64 | Months - | Days 27 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): _____

(State or country): Va

PARENTS

10 NAME OF FATHER: Eldmore

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Va

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Dont Know

14 Informant: Mrs H O Grimm

(Address): 1120 N. Milton Ave

Filed _____ 19__ C. HAMPSON JONES, M.D. Registrar.

No. 13447 By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 6, 1926

that I last saw h_ alive on June 5, 1926,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage

Carcinoma Uteri

(duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary): acute Cardiac Dilatation

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) J Ed Kemp M. D.

6 - 7, 1926 (Address) 600 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: June 9 1926

20 UNDERTAKER: Robt J Turner Sr — ADDRESS: 1243 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 11335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11335

CERTIFICATE OF DEATH.

15-5 90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hollander

(a) RESIDENCE NO. 16 Talbot Rd. Windsor Hill City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Hollander

6 DATE OF BIRTH (month, day, and year) Apr. 16, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. Hollander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agatta Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hosp. Records (Address)

15 Filed JUN 8 - 1926 C. HOMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7-26 19

17 I HEREBY CERTIFY, That I attended deceased from 3-28-26, 19 to 6-7-26, 19, that I last saw him alive on 6-7-26, 19, and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

arterio sclerosis Chronic Bronchitis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) A. Hollander M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem'y

DATE OF BURIAL 6/9/1926

20 UNDERTAKER Ward Sondheim

ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11336 — 111-00 — 11336

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument St. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ephraim Goldstein

(a) RESIDENCE No. 3521 Park Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Reba Goldstein (nee Magdis)

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Goldstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Eldrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hosp. Records. (Address)

15 Filed JUN 8 - 1926 C. HAMPSON JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from 4-9-, 1926, to 6-7, 1926, that I last saw him alive on 6-7-26, 19, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

Myocarditis

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-3-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. O. Linde, M. D.

, 19 (Address) Hebrew Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. DATE OF BURIAL 6/8/ 1926.

20 UNDERTAKER Edward Goodman ADDRESS 1100 Mont. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

Brachmann.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11337

E 11337

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., 27-12 65 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Brackmann Jr.

(a) RESIDENCE NO. 141 E. Hamilton ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-21-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29	29	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer. Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Brackmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Herum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carl Brackmann Jr.
(Address) 141 E Hamilton Ave

15 Filed N8 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-1926

17

I HEREBY CERTIFY, That I attended deceased from 5-17-26, 19, to 6-4-26, 19,

that I last saw him alive on 6-4-26, 19

and that death occurred, on the date stated above, at 12:15 A.m.

The CAUSE OF DEATH* was as follows:

Lympho Blastoma (cervical and Mediastinal

(duration) 6 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood DATE OF BURIAL June 8 1926

20 UNDERTAKER Harry H. Weitzke ADDRESS 1621 Lond Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11338

E 11338

101-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., 10-2 WARD)

2-FULL NAME John Pleasant

(a) RESIDENCE NO. 911 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) June 8 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago, Ill.

PARENTS

10 NAME OF FATHER Charles Pleasant

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Md. General Hosp. (Address)

15 JUN 8 - 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 6, 1926, that I last saw him alive on June 5, 1926, and that death occurred, on the date stated above, at 11.20 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. & Clinical

(Signed) W. A. Compton, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakey Cemetery

DATE OF BURIAL June 8 1926

UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1726 Ashland Av

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11339

CERTIFICATE OF DEATH.

101-001

E 11339

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 15-5 WARD)

2-FULL NAME James H. Carter

(a) RESIDENCE NO. 3106 Windsor Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE White 5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word) Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary F Carter

DATE OF BIRTH (month, day, and year) July 19 1890.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	10	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER James F Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER [redacted]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Mary F Carter

(Address) 3106 Windsor Ave

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 7, 1926, that I last saw him alive on June 7, 1926 and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed ~~diagnosis~~? clinical ~~autopsy~~

(Signed) H. D. Brogdt. M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park DATE OF BURIAL JUN 10 1926 19

20 UNDERTAKER Geo W Little ADDRESS [redacted]

13 - 1926

Spec.—1-10-21—M&T—1500 Blks.

11340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 11340

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore Md ST. 76 (WARD) 7

2-FULL NAME Leone Clifford

(a) RESIDENCE NO. Essex Maryland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1919.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Essex
(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Clifford

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maigaut ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Hospital Agent
(Address) Balt City Hospitals

15 Filed ....., 19 C. HAMPSON JONES, M. D.
8 - 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 6, 1926.

that I last saw h[illegible] alive on June 6, 1926

and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured gangrenous Appendix

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Generalized Colon Peritonitis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted
If not at place of death? .....

Did an operation precede death? Yes Date of Laparotomy June 2

Was there an autopsy? No

What were confirmed diagnosis? Gangrenous Appendicitis

(Signed) Carl Chaney M. D.

(Address) Balt City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	June 9th 19 26
20 UNDERTAKER John G. Connelly	ADDRESS Essex

Spec.—1-10-21—M&T—1500 Blks.

E 11341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×74-001

E 11341

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 W. Lexington ST., 4-1 WARD)

2-FULL NAME Mattie E. Thorpe

(a) RESIDENCE NO. 738 W. Lexington ST., WARD North Carolina
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 10, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Sara Justice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Mrs. B. G. O'Sullivan
(Address) 738 W. Lexington

15 Filed N8 - 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926 to June 7, 1926, that I last saw her alive on June 6, 1926 and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Right Side Hemiplegia
Terminal
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Uremia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam.

(Signed) John A. Rholand M. D.

6/7, 1926 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington, N. Carolina — DATE OF BURIAL: June 8 1926

20 UNDERTAKER: D. Rita Wiedefeld — ADDRESS: 914 Gramm Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11342 E 11342

CERTIFICATE OF DEATH.

22-2 90 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Banks

(a) RESIDENCE No. 207 Church ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 50 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Baltimore City Hospitals Wards (Address)

15. Filed JUN 8 - 1926 S. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1926, to June 4, 1926, that I last saw him alive on June 4, 1926, and that death occurred, on the date stated above, at 10:10 m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

Hypocardial insufficiency

(Duration) 2 yr. (History) mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

6/5, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

JUN

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11343 — CERTIFICATE OF DEATH. — E 11343

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E Chapter ST. 23-26 WARD)

2-FULL NAME George N. Scott

(a) RESIDENCE. No. 1633 E Chase ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Scott

6 DATE OF BIRTH (month, day, and year) Dec-8-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5 6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Deals Island Md.

PARENTS

10 NAME OF FATHER Samuel Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Deals Island Md.

12 MAIDEN NAME OF MOTHER Sarah Hampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Deals Island Md.

14 Informant Annie Scott
(Address) 1620 E Chase St

15 Filed JUN 8 1926 C. HAMPSON JONES, M. D. Registrar
Fee Not

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to June 7, 1926, that I last saw h— alive on June 7, 1926, and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell, M. D.

(Address) 1694 Hanover St. 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Deals Island Md.	June 8 1926

20 UNDERTAKER Stephen Jones & Son ADDRESS 404 N Wolfe

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11344

CERTIFICATE OF DEATH.

91-802 E 11344

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Forrest Park ave. 15-1 WARD)

2-FULL NAME Rose Knight

(a) RESIDENCE NO. 3909 Forrest Park ave., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

DATE OF BIRTH (month, day, and year) Feb. 17. ~~1850~~ 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3 Feb	19 20 Feb	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER George Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. J. Wm. Shaffer

(Address) 3904 Forrest Park ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 2nd, 1926, June 6th, 1926

that I last saw her alive on June 6th, 1926

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cordiac Asthemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) Eola V. Goodale M. D.

, 19 (Address) 24 N Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem.

DATE OF BURIAL 6/9 1926

UNDERTAKER W. J. Tichnor's Sons

ADDRESS Fulton & Lorraine

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11345

CERTIFICATE OF DEATH.

114 E 11345

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Ave St., 16-1 Ward)

2-FULL NAME Mildred Miller

(a) RESIDENCE NO. 824 N. Parrish St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fmale

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Miller

6 DATE OF BIRTH (month, day, and year): March 15, 1887.

7 AGE: Years 39 Months 2 Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town): Va (State or country)

PARENTS

10 NAME OF FATHER: Richard Monroe

11 BIRTHPLACE OF FATHER (city or town): Va (State or country)

12 MAIDEN NAME OF MOTHER: Fannie ?

13 BIRTHPLACE OF MOTHER (city or town): Va. (State or country)

14 Informant: Sadie Rungold

(Address) 824 N. Parrish St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R.C.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. gastro enteritis, 10 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ac. Dil. of Heart 5 days

(duration) yrs. mos. ds.

(Signed) C. H. Jones M. D. (Coroner)

1926 (Address) 2702 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial June 7 1926

20 UNDERTAKER: Virginia A. Brooks ADDRESS 1463 W. Cary

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11346

E 11346

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. 13-5 WARD)

BALTIMORE CITY HOSPITALS

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Butler

(a) RESIDENCE NO. 2200 Mondawmin Ave., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year): 1841

7 AGE: Years 85; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laundress

(b) General nature of Industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

1926 Per Rock

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926 to June 4, 1926.

that I last saw her alive on June 4, 1926,

and that death occurred, on the date stated above, at 12:10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) A. Lindsay Miller, M. D.

6/5/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Mem.

DATE OF BURIAL: 6/7/26 19

20 UNDERTAKER: J. Bailey & Sons

ADDRESS: 1318 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11347

CERTIFICATE OF DEATH.

72 E 11347

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2836 Riggs Ave St., 16-3 Ward)

2-FULL NAME John Edward Cox

(a) RESIDENCE NO. 2836 Riggs Ave, St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma C. Cox.

6 DATE OF BIRTH (month, day, and year) Sept 6 1872.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Express man.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer in business for himself

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles E. Cox.

11 BIRTHPLACE OF FATHER (city or town) Vicksburg

(State or country) Miss.

12 MAIDEN NAME OF MOTHER Clara Reeder

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Herbert Cox.

(Address) 2504 Lanvale Ave.

15 Filed 1926 19 C. HAMPSON JONES M.D. Registrar

For AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 9 1926, to June 7 1926, that I last saw him alive on June 7 1926, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(duration) 13 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

6-7-, 1926 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial June 11 1926

20 UNDERTAKER Wm Cole ADDRESS 502 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

a small st. called Edison (in Bklyn) Campbell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11348

CERTIFICATE OF DEATH.

1929 **E 11348**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE, (No. Edison & 4th St. Brooklyn 25 Ward)

2-FULL NAME John J. Morgan 25

(a) RESIDENCE NO. Edison & 4th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Susie Morgan

6 DATE OF BIRTH (month, day, and year): April 20 - 1876

7 AGE: Years 50 | Months | Days 18 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Tester

(b) General nature of industry, business, or establishment in which employed (or employer): Coast Guard

(c) Name of employer: U. S.

9 BIRTHPLACE (city or town)

(State or country): Canada

PARENTS

10 NAME OF FATHER: George Morgan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Catharine Clarke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: Susie Morgan

(Address): Monkey 24

15 1926

C. HAMPSON JONES, M. D.

Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-8-26 19

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 8, 1926, that I last saw h__ alive on June 7, 1926, and that death occurred, on the date stated above, at 12 20A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell M. D.

June 8, 1926 (Address) 644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial 6/10 1926

20 UNDERTAKER: Wm Cook — ADDRESS 502 E Wall

Cor.—1-12-23—M&T—100 Bks.

E 11349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11349

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 6 187

CITY OF BALTIMORE: (No. Gilman Country School ST., Roland Park WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christine Link

(a) RESIDENCE NO. Gilman Country School ST., Roland Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred seven mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 31 1820

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	7	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna

10 NAME OF FATHER Stuart M. Link

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Helen Hammer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

Informant Mr Stuart M. Link

(Address) Gilman School

Filed 6 1926, 192. C. HAMPSON JONES, M. D. Registrar

Per P.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Thomas, M. D. (Coroner.)

6/8, 192 (Address) 532 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pottstown Pa	June 9 1926
UNDERTAKER	ADDRESS
Henry Jenkins & Sons	Cold Spring Ln & Falls Rd

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11350

CERTIFICATE OF DEATH.

12 E 11350

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1626 Barnes ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Cooper

(a) RESIDENCE No 1626 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Louise Cooper

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah J. Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Louise Cooper

(Address) 1626 Barnes St.

Filed 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to June 6, 1926, that I last saw h alive on June 6, 1926, and that death occurred, on the date stated above, at 3.0 m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial nephritis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Bernard Hans, M. D.

, 19 (Address) 38 S Carlin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 9 1926

20 UNDERTAKER Mrs. Chas L. Bailey

ADDRESS 142 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11351

CERTIFICATE OF DEATH.

38 E 11351

REGISTERED NO.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 8-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

2-FULL NAME George Schultz

(a) RESIDENCE NO. 2728 Brelims Court WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
52				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Otto Schultz

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed JUN 5 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to June 6, 1926.

that I last saw him alive on June 6, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis ? yrs. mos ds.
(duration)

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Mullet M. D.

6/7/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	June 10 1926

20 UNDERTAKER Wendell Dippold & Son ADDRESS 37 Lan

Spec.—1-10-21—M&T—1500 Bks.

E 11352 HEALTH DEPARTMENT—CITY OF BALTIMORE 127 E 11352

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 E North Ave ST. 8-W WARD)

2-FULL NAME Catherine W. Paterson

(a) RESIDENCE NO. 1603 E North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Paterson

6 DATE OF BIRTH (month, day, and year): Mar 28-1858

7 AGE: Years 68 Months 2 Days 9/10 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED: at home

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: William Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Mary Muir

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mrs Helen Hunter (Address) 1603 E North Ave

15 Filed JUN 9 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1925, to June 7, 1926, that I last saw h.. alive on June 7, 1926, and that death occurred, on the date stated above, at 10 05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Non Albuminous)

(duration) 7 yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Uraemia - Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

Signed: [illegible], M. D.

19 (Address) 6 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: June 10 1926

20 UNDERTAKER: John Ulrich & Sons

ADDRESS: 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 11353 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11353

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Lorman ST. 15-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Roane

(a) RESIDENCE NO. 1841 Lorman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Roane

6 DATE OF BIRTH (month, day, and year) April 13, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Carter Roane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Henton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lena Freeman

(Address) 1841 Lorman St

15 Filed June 8 1926 C. HAMPSON JONES, M. D. Registrar

Per RAC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7. 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27. 1926. to June 7th. 1926.

that I last saw him alive on June 7th. 1926.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cancerous Stomache

(duration) ... yrs. V mos ... ds.

CONTRIBUTORY (Secondary) D

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chi M. D.

6/8. 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL June 10 1926

20 UNDERTAKER Simmons & Wright

ADDRESS 1644 W. Cary

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11354

CERTIFICATE OF DEATH.

19 E 11354

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 302 E. 22nd. Street ST., 17-2 WARD)

2-FULL NAME James Edward Weaver

(a) RESIDENCE NO. 302 E. 22nd. Street ST., 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? 60 yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice R. Weaver

6 DATE OF BIRTH (month, day, and year) Feb-4-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	60	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Sup't of

(b) General nature of industry, business, or establishment in which employed (or employer) Star Brush Co. of

(c) Name of employer Brooklyn New York

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James E. Weaver

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Brown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Alice R. Weaver (wife)
(Address) 302 E. 22nd. Street (City)

15 Filed ..., 19 C. HAMPSON JONES, M. D.
Registrar
19 - 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925 to June 8, 1926.

that I last saw him alive on June 6, 1926,

and that death occurred, on the date stated above, at 9 A, m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pelvis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Stasis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date About Mch 1-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Irvin Abell M. D.

June 8, 1926 (Address) 701 St Paul Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June-10-1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

11355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11355

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Grove Ave. Hamilton. ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Robert Jefferies.

(a) RESIDENCE NO. 4 Grove Ave. Hamilton. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or ~~divorced~~ HUSBAND of ~~WIFE~~ Kate Whitehead Jefferies.

6 DATE OF BIRTH (month, day, and year) September 1, 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	75	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John H. Jefferies.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Schafer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Oscar L. Coe. (daughter)

(Address) 4 Grove Ave. Hamilton.

15 Filed 9 - 1926. 19 C. HAMPSON JONES, M. D. Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th. 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1926, to June 8, 1926, that I last saw him alive on June 7, 1926 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No. Date of ----

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

6/8/1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June 10-26

UNDERTAKER Stewart & Mowen Company

ADDRESS 108 W. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11356

CERTIFICATE OF DEATH.

9° E 11356

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 N. Gay St St. 73 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wietscher

(a) RESIDENCE NO. 723 N. Rose St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wietscher

6 DATE OF BIRTH (month, day, and year) Oct 30/1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
59	59	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Southern Furniture

(c) Name of employer Co. 729 N. Gay St

9 BIRTHPLACE (city or town) 6/7/26

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. A. Wietscher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Greb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Catherine Wietscher

(Address) 723 N. Rose St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

NO - 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(History of hypertension for some time) (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) J. S. N. Paten M. D.

(Coroner)

(Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial June 9 1926

20 UNDERTAKER George J. Smith ADDRESS 1932 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11357 — 1. PLACE OF DEATH — E 11357 — REGISTERED NO.

City of BALTIMORE: (No. 1830 E. Pratt St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Genderson

(a) RESIDENCE NO. 1830 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Genderson

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Max Genderson

(Address) 1830 E. Pratt St.

15 Filed 6-19-1926 C. HAMPSON JONES, M. D., Registrar. Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 19 26

17 I HEREBY CERTIFY, That I attended deceased from June-7, 19 26, to June-9-, 19 26, that I last saw her alive on June-9-, 19 26 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Vascular disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman Seidel, M. D.

, 19 (Address) 2404 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: 6-9-1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11358

CERTIFICATE OF DEATH.

49 E 11358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S Clinton ST., 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elvira B Ader

(a) RESIDENCE NO. 516 N Clinton ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female White

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John George Ader

6 DATE OF BIRTH (month, day, and year): July 1. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Valentine Ader.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Gottbehüt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frieda L Ader

(Address) 516 N Clinton St.

15 JUN 9 - 1926 C. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May, 1925, to June 7, 1926.

that I last saw her alive on 6/6, 1926

and that death occurred, on the date stated above, at 1 15/ pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of R. Lung.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): Chronic Pleurisy

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) R. W. Hurst M. D.

6/8. 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: June 10 1926

20 UNDERTAKER: Louis Heumann — ADDRESS: 32 S Broadway

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11359

CERTIFICATE OF DEATH.

17 E 11359

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Holbrook ST. 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sottie E. Murphey

(a) RESIDENCE NO. 1312 Holbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25 1918

7 AGE: Years 7 | Months 11 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Michael Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mabel Hagemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Michael Murphy

(Address) 1312 Holbrook St

15 Filed 6/9 1926 E. HAMPDEN JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 8, 1926, that I last saw her alive on June 8, 1926 and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Ptomaine poisoning

(Duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Something unknown that was eaten (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lee Hagness, M. D.

6/8, 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cemetery (Govans)

DATE OF BURIAL: June 10 1926

20 UNDERTAKER: Henry Storck Son

ADDRESS: 1301 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11360

CERTIFICATE OF DEATH.

E 11360

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1613 N. Bradford St., 8-E Ward)

2-FULL NAME John W. Jung

(a) RESIDENCE NO. 1613 N. Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Christina Jung

6 DATE OF BIRTH (month, day, and year): May 22/59

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	67	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Holland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Holland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): " "

14 Informant: Christina Jung

(Address) 1613 N. Bradford

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

JUN 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 June 7/26

17

I HEREBY CERTIFY, That I attended deceased from June 6th, 19 26, to June 7th, 19 26,

that I last saw h~~im~~ alive on June 7th, 19 26

and that death occurred, on the date stated above, at 6 55 P m.

The CAUSE OF DEATH* was as follows:

Paralysis.

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage.

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George H. Crogs, M. D.

19 (Address) 7800 25 Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — Date of Burial 6/10 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—1-10-26—M&T—1500 Bks.

1926 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11361

CERTIFICATE OF DEATH.

188-003

E 11361

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 71 WARD)

REGISTERED NO. E 11361

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Meyer

(a) RESIDENCE NO. 3 Entaw Ave Belair Rd WARD Gardenville

(Usual place of abode) Parkside Home

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa.

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery Business 034

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER F. W. Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Marie Bleck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

JUN 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 26

17

I HEREBY CERTIFY, That I attended deceased from May 6th, 1926, to June 7th, 1926, that I last saw h ~~im~~alive on June 7th, 1926, and that death occurred, on the date stated above, at 16 40 P. m.

The CAUSE OF DEATH* was as follows:

Lung abscess.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Septicaemia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Jones, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Loudon Park — DATE OF BURIAL JUNE 11 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lig Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11362

CERTIFICATE OF DEATH.

100-001

100 E 11362

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2404 E. Madison ST., 7-3 WARD)

2-FULL NAME George Herbert Elliott -3rd.

(a) RESIDENCE NO. 2404 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. H. Elliott

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Vernon

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Md.

14 Informant George H. Elliott Jr. (Address) 2404 Madison St.

15 [illegible] HAMPSON JONES, M. D. Registrar

JUN 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 7, 1926.

that I last saw him alive on June 7, 1926,

and that death occurred, on the date stated above, at 11.30a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

about 2 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Wood.

(Signed) L. Labotte Everett, M. D.

June 8 1926 (Address) 1945 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 9 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11363

CERTIFICATE OF DEATH

E 11363

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

2-FULL NAME Helen McSherry.

(a) RESIDENCE NO. Franklin Sq. Hospital ST., WARD Frederick Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13 - 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse.

(b) General nature of industry, business, or establishment in which employed (or employer) Out

(c) Name of employer F. S. H.

9 BIRTHPLACE (city or town) Fredrick Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward C. McSherry

11 BIRTHPLACE OF FATHER (city or town) Fredrick
(State or country)

12 MAIDEN NAME OF MOTHER Alberta S. Lowe

13 BIRTHPLACE OF MOTHER (city or town) Wilmington Dela.
(State or country)

14 Informant H. L. Cary
(Address) 48-54 E. Patrick St. Frederick Md

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

N9 - 1926 By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 19 26, to 6/9, 19 26,
that I last saw h alive on 6/9, 19 26,
and that death occurred, on the date stated above, at 4 20 p. m.

The CAUSE OF DEATH* was as follows:

Pan Sinusitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/25/26. Curettement Sinus

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Path.

(Signed) Hugo Cantarel, M. D.

6/9, 1926 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md

DATE OF BURIAL 6/11 1926

20 UNDERTAKER C C Cary

ADDRESS Frederick Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11364

CERTIFICATE OF DEATH.

90 ✓

E 11364
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 E. 33d ST., 9-3 WARD)

2-FULL NAME EDWARD AUGUSTUS HARTMAN

(a) RESIDENCE No. 607 E. 33d ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ ELIZABETH T. HARTMAN

6 DATE OF BIRTH (month, day, and year) November 7 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work JUDGE OF APPEAL TAX COURT

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer CITY OF BALTIMORE

9 BIRTHPLACE (city or town) (State or country) BALTIMORE Md

PARENTS

10 NAME OF FATHER ANDREW HARTMAN

11 BIRTHPLACE OF FATHER (city or town) GREENCASTLE (State or country) PENNSYLVANIA

12 MAIDEN NAME OF MOTHER ELIZABETH A. ALLEN

13 BIRTHPLACE OF MOTHER (city or town) BALTIMORE (State or country) MARYLAND

14 Informant JOHN A. HARTMAN
(Address) 612 UNIVERSITY PARKWAY, BALTIMORE

15 Filed JUN 9 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to June 8, 1926, that I last saw h— alive on June 7, 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure Pulmonary Oedema (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. H. Davis, M. D.

Jun 8, 1926 (Address) 1509 N Carlin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL June 10 1926

20 UNDERTAKER John B. Spencer — ADDRESS 1325 N. Carolina St.

Spec.—1-12-23—M&T—500 Bks.

11365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 11365

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Leadenhall ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Stafford

(a) RESIDENCE No. 915 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) December 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cambridge Md

10 NAME OF FATHER Charles Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robt Pollard (Address) 915 Leadenhall

15 Filed JUN 9 1926 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/15, 1926, to 6/6, 1926;

that I last saw her alive on 6/6, 1926,

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

(a) Arteriosclerosis

+ Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pyonephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj K Wetter, M. D.

(Address) 2139 D St. S E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenridge Md

DATE OF BURIAL 6/9 1926

20 UNDERTAKER Samuel Stevenson & Wm Riddle

ADDRESS 578

Cor.—12-9-25—A Co.—200 Bks.

E 11366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11366

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1935 Bruce St. 14-1 Ward)

2-FULL NAME Chas E. Kirby

(a) RESIDENCE NO. 1935 Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 54 Months Days If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Eastern Shore

(State or country) Md

PARENTS

10 NAME OF FATHER Aaron Kirby

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Lizzie Sullivan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Clay E Kirby

(Address) 1935 Bruce St

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

NO - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

organic heart disease

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) no other cause

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.

(Coroner)

6/26, 19 25 (Address) 2702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial 6/29 1925

20 UNDERTAKER: Samuel Jakeman & W Biddle ADDRESS 578

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11367

74-00

CERTIFICATE OF DEATH.

E 11367
1 PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 1127 S. Howard St. St. 231 Ward)

2 FULL NAME Robert Langhorn. (C)

(a) RESIDENCE NO. 1127 S. Howard St. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond. Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant William Foster. (C)
(Address) 1408 Argyle Ave.

15 Filed_____, 19_____
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

6/9, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 11368 **CERTIFICATE OF DEATH.** **E 11368**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 623 N Mulberry St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Eliott

(a) RESIDENCE NO. 623 N Mulberry St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): May 1 26

7 AGE — Years: — Months: 1 — Days: 5 4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

9 BIRTHPLACE (city or town): Balt

(State or country)

PARENTS

10 NAME OF FATHER: George Eliot

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Eliot

13 BIRTHPLACE OF MOTHER (city or town): North Carolina

(State or country)

14 Informant _____

(Address)

15 Filed 1-26 19__ C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 3 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Samuel K. Buckley, M. D. (Coroner)

, 19 2 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — Date of Burial 19

20 UNDERTAKER — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 11369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 11369

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1900 Riggs Avenue St. 16-4 Ward)

2-FULL NAME Frederick G. Leydecker

(a) RESIDENCE NO. 1900 Riggs Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula Leydecker

6 DATE OF BIRTH (month, day, and year) September, 18th. 1877

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
48	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Philip Leydecker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Gempp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Lula Leydecker

(Address) 1900 Riggs Avenue

15 Filed ....., 19 ..... C. HAMPSON JONES, M. D. Registrar

NO 7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June, 6th. 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to June 6, 1926, that I last saw h alive on June 6, 1926, and that death occurred, on the date stated above, at 9.20A m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) C. Oliver Muncy, M. D.

June 7. 1926 (Address) 1517 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial June 9" 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1005 N Gale

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11370

CERTIFICATE OF DEATH.

129 E 11370

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johhns Hopkins Hospital, 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Williams

(a) RESIDENCE NO. 803 Webb Alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) unkn wn

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
Reported Between 50 & 70 Probably about 65 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0-10

(b) General nature of indnstry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)

(State or country) Unknown 6/8/26

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs R.A Woods

(Address) 1725 Ashland Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia - Chr. Nephriyis

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. L. Wilson, M. D.

(Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery. Date of Burial June 9 1926

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11371

CERTIFICATE OF DEATH.

148 E 11371

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Homewood Hospital ST. 9-4 WARD)

2-FULL NAME Alberta Strickland

(a) RESIDENCE NO. 509 E. 21st ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Strickland

6 DATE OF BIRTH (month, day, and year) April 9/1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Durham N.C.
(State or country)

PARENTS

10 NAME OF FATHER Lorenz D. O'Kelly

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Chatham Co., N.C.

12 MAIDEN NAME OF MOTHER Mary C. Parrish

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Durham Co., N.C.

14 Informant Claude M. O'Kelly
(Address) 4609 Culver Ave (Lauraville

15 JUN 9 - 1926 C. HAMPSON JONES, M. D.
Registrar
Per RSL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9/26

17 I HEREBY CERTIFY, That I attended deceased from about Jany. 19 26 to June 9/26 19 ..,
that I last saw her alive on June 8/26-11 P.M.,
and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia (Puerperal)

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Parturition Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Holler, M. D.

6/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Durham North Carolina	June 10, 1926
UNDERTAKER	ADDRESS
Frederick Loveahm Sons	Fullerton

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11372 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11372

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 Fruitsbury ST. 15-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth M. Simmons

(a) RESIDENCE. No. 1577 Fruitsbury ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Simmons

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) York, Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Hensler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carlisle Pa.

14 Informant Blanche Simmons (Address) 105 Woodley Ave.

Filed SEP 9 - 1926 C. HAMPTON JONES, M. D. Per Assistant

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to June 7, 1926, that I last saw h[illegible] alive on June 7, 1926, and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) John D. Quinn M. D.

(Address) 507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 6/10 1926

20 UNDERTAKER H. Brauning & Son

ADDRESS 517 N Schroeder St

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11373

CERTIFICATE OF DEATH.

106 E 11373

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Robert Reamy

(a) RESIDENCE NO. 1018 Bennett Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Amanda Reamy

6 DATE OF BIRTH (month, day, and year) Nov 24/71

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54 55	6	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Preacher 018

(c) Name of employer

9 BIRTHPLACE (city or town) Balt. Md (State or country)

PARENTS

10 NAME OF FATHER Andrew Reamy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha A Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wife Amanda Reamy (Address) 1018 Bennett Place

15 Filed JUN 9 1926 . 19 C. HAMPSON JONES, M. D. Registrar Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 9, 1926, that I last saw him alive on June 9, 1926, and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Abscess of tooth.

Ludwigs Angina

Oedema of Larynx 2 days (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumia.

(duration) yrs. mos. 6 hrs.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? Yes Date of June 7.

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

. 19 (Address) Maryland Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL JUN 11 1926 19

20 UNDERTAKER Geo N Little

ADDRESS 2700 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11374

CERTIFICATE OF DEATH.

129 E 11374

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1819 Eutaw Place. St. 14-2 Ward)

2-FULL NAME Rebecca B. Chessler

(a) RESIDENCE NO. 1819 Eutaw Place St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph G. Chessler

6 DATE OF BIRTH (month, day, and year) Oct. 1861.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 21

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Mr. Joseph G. Chessler

(Address) 1819 Eutaw Place

15 Filed 6-11 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th. 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1926, to June 9, 1926, that I last saw h[illegible] alive on June 9, 1926 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

Cerebral Hemorrhage

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles S. Thomas, M. D.

June 9 1926 (Address) 1228 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. Date of Burial 6/11/ 1926

20 UNDERTAKER Abrid Sondheim ADDRESS 1120 Druid Hill Ave. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

E. 11375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 11375

CERTIFICATE OF DEATH.

91-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 912 S. Ellwood Ave St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Lefaivre

(a) RESIDENCE NO. 912 S. Ellwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	whit	marred

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lefaivre

6 DATE OF BIRTH (month, day, and year) Mar 26 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	2	13 1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work fisherman

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Illinois

PARENTS

10 NAME OF FATHER John Lefaivre

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) France

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) France

14 Informant Bertha Lefaivre

(Address) 912 S Ellwood ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.

thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Ruptured Thoracic Aneurism (probably Sclerosis) 2nd day

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Thoracic aneurism about 5

(duration) 5 yrs. ___ mos. ___ ds.

(Signed) James M. Finlow M. D.

(Coroner)

June 8 1926 (Address) 700 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — Date of Burial: June. 10 1926

20 UNDERTAKER: Zickler & Zickler — ADDRESS 1739 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11376 46 E 11376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 645 Vine St. REGISTERED NO.

City of BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Gertrude Roberts

(a) RESIDENCE NO 645 Vine St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin E. Roberts

6 DATE OF BIRTH (month, day, and year): Aug 22 - 1863

7 AGE: Years 32 | Months 9 | Days 16 17. | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: Mary Pretty.

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Jacob Causey

11 BIRTHPLACE OF FATHER (city or town): Talbot

(State or country): Co Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Cockrell.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Benj E Roberts

(Address) 645 Vine St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

June 8 - 8.50 AM

17 I HEREBY CERTIFY, That I attended deceased from Nov 14 1925, to June 8th 1926, that I last saw her alive on June 6th, 1926, and that death occurred, on the date stated above, at 8.50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus and adnexa.

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Burwell Fauntz, M. D.

(Address) 2937 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial June 9 1926

20 UNDERTAKER: David Fadum ADDRESS 916 Fa ave

Cor.—12-9-25—A Co.—200 Bks.

E 11377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11377

CERTIFICATE OF DEATH.

199

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Ave. St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Wasdy

(a) RESIDENCE NO. 1409 N. Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) about 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Cora Green

(Address) 1409 N. Mosher St.

15 6-9 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Homicide). 3 hrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck on head with

(duration) yrs. mos. ds.

(Signed) C. T. Hunter, M. D.

(Coroner)

6/9/ 1926 (Address) 2502 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial June 9 1926

20 UNDERTAKER Dame Baron ADDRESS Balto.

Cor.—12-9-25—A Co.—200 Bks.

E 11378

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-092 E 11378

CERTIFICATE OF DEATH.

6-1

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 240 N. Bong St St., _____ Ward)

2-FULL NAME George Holden

(a) RESIDENCE NO. 240 N. Bond St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Kate Holden

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Holden

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annie Gould

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Kate Holden

(Address) 240 N. Bond St

15 Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failuredue probably

Senile Bronchitis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Cole M. D.

(Coroner)

6/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial June 10 19 26

20 UNDERTAKER Hughes & Janes ADDRESS 1111 N. Broadway

Spec.—1-10-21—M&T 1500 Bks.

E 11379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11379

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 5-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Heffner or Hefferman

(a) RESIDENCE NO. 2157 W. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston, Mass

PARENTS

10 NAME OF FATHER John Heffner

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Joanna —

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Baltimore City Hospitals (Address) Baltimore

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1926, to June 7, 1926.

that I last saw him alive on June 7, 1926,

and that death occurred, on the date stated above, at 108 m.

The CAUSE OF DEATH* was as follows:

Alcoholic delirium

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Fuller M. D.

6/8/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston Mass. DATE OF BURIAL 6/9 1926

20 UNDERTAKER Chas F. Grace & Son ADDRESS 80 N. Royal St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11380 E 11380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1102 Barclay St. 10-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vivian Borsella

(a) RESIDENCE. No. 1102 Barclay St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 8/16/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Albert Borsella

11 BIRTHPLACE OF FATHER (city or town) Del. (State or country)

12 MAIDEN NAME OF MOTHER Theresa Russell

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Albert Borsella (Address) 1102 Barclay St

15 Filed 6-1926 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1926 to June 8, 1926, that I last saw her alive on June 8, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute gastritis

(duration) yrs. 3 mos. 2 days ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physician

(Signed) [illegible] M. D.

, 19 (Address) 263 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 6/10 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11381

CERTIFICATE OF DEATH.

129 E 11381

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2723 Raynor Avenue St. 16-3 Ward)

2-FULL NAME Nettie A. Leishear

(a) RESIDENCE NO. 2723 Raynor Avenue St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence B. Leishear

6 DATE OF BIRTH (month, day, and year) May 29, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Frederick County, Md.

PARENTS

10 NAME OF FATHER Frederick B. Hemp

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Frederick Co., Md.

12 MAIDEN NAME OF MOTHER Sarah E. Laken

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Frederick Co., Md.

14 Informant Wister B. Leishear

(Address) 2723 Raynor Avenue

15 Filed June 9 1926 C. HAMPSON JONES, M. D. Registrar

Per Reid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to June 8, 1926, that I last saw her alive on June 8, 1926, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter E. Linkman, M. D.

June 9 1926 (Address) 2002 West Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: June 11 1926

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 N. Eutaw St.

Spec.—1-12-23—M&T—500 Bks.

E 11382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 E University Parkway ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa C. Becker

(a) RESIDENCE No. 718 E. University Pkwy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Becker

6 DATE OF BIRTH (month, day, and year) Sept 12 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Jost Tschudy

11 BIRTHPLACE OF FATHER (city or town) Switzerland (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Theresa Wagner

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Leona C. Muth (Address) 718 E. University Parkway

15 JUN - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6th, 1926, to June 8th, 1926, that I last saw her alive on June 7th, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegy

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? The physical signs

(Signed) Charles Jelly, M. D.

June 8, 1926 (Address) 1111 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL June 11 1926

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11383

CERTIFICATE OF DEATH.

179 E 11383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel A. Van Trump

(a) RESIDENCE No 6012 Bellona Ave ST., WARD

(Usual place of abode) of present location about

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary L. Van Trump

6 DATE OF BIRTH (month, day, and year): Oct 3 1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacturers Agent

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

PARENTS

10 NAME OF FATHER: William R. Van Trump

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Josephine M. Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mary L. Van Trump

(Address) 6012 Bellona Ave Roland

15 Filed 6-8 1926 C. HAMPSON JONES, M. D. Registrar

For Reg'r

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to June 7- 1926, that I last saw him alive on June 7, 1926, and that death occurred, on the date stated above, at 8th P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hemophilgia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoen, M. D.

6-8. 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: June 10 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

Case

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11384

CERTIFICATE OF DEATH.

90 E 11384

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 S. Sharp St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Case

(a) RESIDENCE. NO. 807 S. Sharp St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Case

6 DATE OF BIRTH (month, day, and year) Unknown 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Laura Case
(Address) 807 South Sharp St.

15 Filed JUN 10 1926 C. HAMPSON JONES, M. D. Registrar
Per R. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1925, to June 7, 1926, that I last saw h— alive on June 7, 1926, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx Pulmonis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Biopsy

(Signed) Charles T. Flinn M. D.

Jun 8 1926 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem.

DATE OF BURIAL 6/10 1926

20 UNDERTAKER John H. Poadrin

ADDRESS 1027 Druid Hill Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11385

CERTIFICATE OF DEATH.

11 E 11385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Argyle ave ST. 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbert Wallace

(a) RESIDENCE. No. 1422 Argyle ave ST. ..... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5-3-1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	7 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jos. R. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lewis Wallace
(Address) 1422 argyle ave

15 Filed JUN 7 1926 C. HAMPSON JONES, Registrar

Rec'd [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 7, 1926, that I last saw h[illegible] alive on June 7, 1926, and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Gastritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Johnson M. D.

(Address) 1014 Mid Hilgar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 6/10 1926

20 UNDERTAKER John H. Woodrow

ADDRESS 1027 Druid Hill ave

Spec.—1-10-21—M&T—1500 Bks.

E 11386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 11386

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1503 Jefferson Street 6-1

CITY OF BALTIMORE: (NO. ..... ST., 6 WARD)

2-FULL NAME Mrs. Anna M. White

(a) RESIDENCE NO. 1503 Jefferson St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known.

6 DATE OF BIRTH (month, day, and year): June 1907

7 AGE: Years 19 Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profesaion or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Walter Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. R. G. Elliott

(Address) 1725 Ashland Ave.

15 Filed 0 1926, 19 ..... SIMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 – 7 1926

17

I HEREBY CERTIFY, That I attended deceased from 3 – 29, 1926, to 6 – 7, 1926, that I last saw h[illegible] alive on 6 – 7, 1926, and that death occurred, on the date stated above, at 8 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Phthisis

(duration) ..... yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. P. B. Butler, M. D.

, 19 (Address) 4 [illegible] N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chase Md.

DATE OF BURIAL: June 10 1926

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11387

CERTIFICATE OF DEATH.

74-001

E 11387

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1707 Marshall St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena A. Davis

(a) RESIDENCE NO. 1707 Marshall St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Widow

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Wm. H. Davis

6 DATE OF BIRTH (month, day, and year) Dec 1 - 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER August Wolf.

11 BIRTHPLACE OF FATHER (city or town) Ger.

(State or country)

12 MAIDEN NAME OF MOTHER Amelia Schroder

13 BIRTHPLACE OF MOTHER (city or town) Ger.

(State or country)

14 Informant Mr. Davis

(Address) 1707 Marshall.

Filed JUN 10 1926 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19 26, to June 8, 19 26, that I last saw h[illegible] alive on June 5, 19 26, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Dr. H. P. Campbell, M. D.

June 9, 1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial 6/11 1926

20 UNDERTAKER L. Frew Wm. Cully ADDRESS 130 E. Front

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11388

CERTIFICATE OF DEATH.

31

E 11388

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1734 S. Charles St. 23-2 Ward)

2-FULL NAME James L. Bradley

(a) RESIDENCE NO. 1734 S. Charles St. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 3 mos. 16 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie C. Bradley

6 DATE OF BIRTH (month, day, and year) Feb. 22 - 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____ (State or country) Md.

PARENTS

10 NAME OF FATHER James Bradley

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Thomas

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) Md.

14 Informant Mrs. Bradley (Address) 1734 S. Charles.

15 Filed_____ 19____ HAMPSON JONES Registrar

JUN 10 1926 Per M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to June 8, 1926

that I last saw h__ alive on June 5, 1926,

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ____yrs. 6 mos. ____ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ____yrs. ____mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. K. Campbell M. D.

June 9 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial 6/11 1926

20 UNDERTAKER J. Frew McCully ADDRESS 130 E. Fort.

Spec.—1-10-21—M&T—1500 Bks.

E 11389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hosp. N

CITY OF BALTIMORE: (No.) Ballestine ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Zimmerman

(a) RESIDENCE No. 230 S Bond ST., WARD Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White Hebrew	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Zimmerman

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant William Zimmerman

(Address) 118 Lloyd St.

15 Filed N 1-8 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-21, 1926, to 6-10, 1926, that I last saw him alive on 6-10, 1926, and that death occurred, on the date stated above, at 3:15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach. involving lesser curvature and cardiac end.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Toxemia (Unable to ascertain) (duration) yrs. mos. 6 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) W. E. Lemmon M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 6-10-1926

20 UNDERTAKER Jack Levin, 1439½ E. Balto

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11390

CERTIFICATE OF DEATH.

E 11390

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 E. 26 St., 9-3 Ward)

2-FULL NAME ~~Robert~~ Robert Lee Bablan

(a) RESIDENCE NO. 514 E. 26 St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 4th - 1925

7 AGE: Years 1 | Months 2 | Days 5 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Appalachia Va.

PARENTS

10 NAME OF FATHER William Bablan

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Poland

12 MAIDEN NAME OF MOTHER Jane Cohen

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto.

14 Informant William Bablan

(Address) 514 E 26 St

Filed JUN 10 1926 JASON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 5 1926, to June 9th 1926, that I last saw him alive on June 9th 1926, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Laryngitis

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic of Bronchio Pneu

(Signed) Walter C Bacon M. D.

6/9 1926 (Address) 100 220

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Run — Date of Burial 6-10 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11391

CERTIFICATE OF DEATH.

74-001 E 11391

1-PLACE OF DEATH Hebrew Infirmary Home 6-1

City of BALTIMORE: (No. 2100 E. Balto St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Posnansky

(a) RESIDENCE NO. 115 N. Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Posnansky

6 DATE OF BIRTH (month, day, and year) Remember

7 AGE: Years 80 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ret

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Soloman Posnansky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Miss Bessie Posnansky (Daughter)

(Address) 115 N. Ann St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

JUN 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from January, 1926, to June 9, 1926, that I last saw him alive on June 8, 1926, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) hypertension

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rossdale | Date of Burial 6-10-1926

20 UNDERTAKER Jack Lewis | ADDRESS 1439 E. Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11392

CERTIFICATE OF DEATH.

129

E 11392

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Key Ave. St., Mt. Washington Ward)

2-FULL NAME William Kenneth Grogg

(a) RESIDENCE NO. Key Ave St. Mt Washington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lillye K. Grogg.

6 DATE OF BIRTH (month, day and year) Sept. 28, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Keck Bros.

9 BIRTHPLACE (city or town) Hampstead

(State or country) Md.

PARENTS

10 NAME OF FATHER Miles E. Grogg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Katherine Lies

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Lillye K. Grogg

(Address) Key Ave.

15 Filed OCT 10 1926 C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1921, to June 8, 1926, that I last saw him alive on June 8 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Valvular Lesions of the Heart. Terminal regurgitation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robert J. Hardesty, M. D.

, 19 (Address) Main & Hagerstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead Md. Date of Burial June 11 1926

20 UNDERTAKER Wm Buckner ADDRESS Hampstead Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 E 11393

11393 CERTIFICATE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Green or Sewell

(8) RESIDENCE NO. 1104 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) 1879 ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 46				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles O Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Rettie Preston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Charles Oliver Green (Father)

(Address) 1633 McElderry St

15 Filed 19 HAMPSON JONES, M. D.

JUN 9 1926 By K K Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ahis on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage. Struck in face by with some blunt instrument. Probably Homicide. Inquest to be held later

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Pace M. D.

(Coroner)

6/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Date of Burial June 12 1926

20 UNDERTAKER John W Henderson ADDRESS 1502 Monument E

Spec.—1-10-21—M&T—1500 Bks.

E 11394

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 11394

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Amity ST., 18-2 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Morrow

(a) RESIDENCE NO. 12 N. Amity ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	col	married

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Walter

6 DATE OF BIRTH (month, day, and year) July 20 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) — 041

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Wm. Britton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Clara Ruiz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Walter Morrow
(Address) 711 N. Saratoga St

15 Filed JUN 10 1926, 19...
Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 7, 1926
that I last saw her alive on June 7, 1926
and that death occurred, on the date stated above, at 8:30 A m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Harry E. Wagner M. D.

6/8/1926 (Address) 100 S Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL June 10th 1926

20 UNDERTAKER A. Jones — ADDRESS 111 S Gilmor St

Spec.—1-12-23—M&T—500 Bks.

E 11395

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11395

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 6-2 WARD)

2-FULL NAME Ida Frame

(a) RESIDENCE NO. 2008 E. Baltimore St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Saleslady 67

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Frame

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Sophie Kaplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed JUN 10 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from January 7, 1925, to June 9, 1926, that I last saw her alive on June 9, 1926, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Cardiac Exhaustion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis

Manic Phase

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Henry G. Cassard, M.D.

6/10 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	6/10 1926
20 UNDERTAKER Jack Levis	ADDRESS 1439 Eden

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11396 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11396

CERTIFICATE OF DEATH.

38

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 W. West 8 St. 23-1 Ward)

2-FULL NAME Frank Cogill

(a) RESIDENCE. No. 42 W. West St. 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 1892

7 AGE: 33 Years 34 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer: Kennedy Iron Co.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Murdock Cogill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Chaney Boykin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Wm Cogill (Address) 42 W West St

15 Filed JUN 8 1926

16 C. HAMPSON JONES, M.D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/5/ 1926, to 6/8/ 1926, that I last saw him alive on 6/8/ 1926, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Heart (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobaris (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6/9/ 1926 (Address) 428 N Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: June 8 1926

20 UNDERTAKER: J. E. Brown & Son

ADDRESS: 1618 W. Mont 28

Cor.—12-9-25—A Co.—200 Bks.

Vaughe

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 11397

CERTIFICATE OF DEATH

E 11397

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M. Vaughe

(a) RESIDENCE NO. 3218 Colgate St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 22 1918

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	10	14	16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School (W)

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....
(State or country) Balto. Co.

PARENTS

10 NAME OF FATHER Frank Vaughe

11 BIRTHPLACE OF FATHER (city or town).....
(State or country) Balto. Co.

12 MAIDEN NAME OF MOTHER May Lebo

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country) Balto City

14 Informant Frank Vaughe
(Address) 3218 Colgate St

Filed ..... 19 ..... Registrar

NOV 9 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture Base of Skull
Auto accident

(duration) ..... yrs. ..... mos. 1 hr.

CONTRIBUTORY (Secondary) Crushed Chest, He was walking on street

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Taylor, M. D.
(Coroner)

June 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs. ..... mos., ... ds.

Where was disease contracted, if not at place of death? Philadelphia Rd

Former or usual residence 3218 Colgate St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Joppa Cem. Harford Co Md. Date of Burial 6-9th 1926

20 UNDERTAKER David Davidson ADDRESS Upper Falls Md.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11398

CERTIFICATE OF DEATH.

3 E 11398

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Brooks

(a) RESIDENCE NO. 2223 O'Leary ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
44	42.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Veronie Abercrombie

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lost Records
(Address)

Filed JUN 10 1926 E. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to June 7, 1926.

That I last saw him alive on June 7, 1926.

and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. D. McLane M. D.

(Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. Lawn Cem.	June 10 1926
20 UNDERTAKER	ADDRESS
Mrs. C. Wilbert's Son	2334 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

E 11399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Brooklyn — REGISTERED NO. .....

CITY OF BALTIMORE: (No. 117 S. First ST.) (WARD) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Morris

(a) RESIDENCE No. 117 S. First ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 21. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	70	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work at home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Jacob Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant (Address) Mrs Ada Ege 117 S. First st

15 Filed JUN 10 1926 19 C. HAMPSON JONES, M. D. Registrar Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11 1926, to June 8th 1926, that I last saw h[illegible] alive on June 8th 1926, and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) — yrs. 4 mos 28 ds.

CONTRIBUTORY (Secondary) .....

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray examinations

(Signed) Thos Heibel M.D.

6/10. 1926 (Address) 1224 26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL JUNE 11 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lex St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11400

100-001

CERTIFICATE OF DEATH.

E 11400

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 178 S. Fifth St. ST., 76-6 WARD)

2-FULL NAME Andrew Stutton

(a) RESIDENCE NO. 178 S. Fifth St. ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Stutton

6 DATE OF BIRTH (month, day, and year): May 7-1881

7 AGE: Years 45 | Months 1 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Sheppards Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Stutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Catherine Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Anna Stutton (Wife)

(Address) 178 S. 5th St

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

NOV 1926 Per MK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to June 7, 1926, that I last saw him alive on June 7, 1926, and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Parenchymatous

(duration) 1 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency & Stenosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Asylum

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) Dr. Jones, M. D.

(Address) 5307 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls. Cem.

DATE OF BURIAL: June 10th 1926

20 UNDERTAKER: D. Tilly and Zuber

ADDRESS: 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11401 — **CERTIFICATE OF DEATH.** — 60-001 — **E 11401**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. (Street) 22-1 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Willette

(a) RESIDENCE NO. 639 Cortland ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Felix Willette

6 DATE OF BIRTH (month, day, and year) Apr. 16, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Felix Willette
(Address) 639 Cortland St.

15 Filed JUN 10 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 8, 1926, that I last saw h alive on June 8, 1926, and that death occurred, on the date stated above, at 7:15 m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre (Toxic)

..... (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A. Templeton M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent Cemetary	6/10 1926
20 UNDERTAKER Charles B. Tschumbach	ADDRESS 637 S. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11402 E 11402

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 30 Parkin St (St.) 18-2 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME France Trakinckas

(a) RESIDENCE No. 30 Parkin St., ...Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 15-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — — —

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer — —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Vincent Trakinckas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Votina Sarevecute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Vincent Trakinckas

(Address) 30 Parkin St

15 Filed ..... 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 7th, 1926, to June 9th, 1926, that I last saw him alive on June 9th, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Meninges,

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) None,

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam & History

(Signed) J. Chas Bartone, M. D.

6/9/26 (Address) 8880 Garland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 6/11 1926

20 UNDERTAKER Charles F. Tuchawska — ADDRESS 632 S. Broadway

NTD 1926

Spec.—1-12-23—M&T—500 Bks.

E 11403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11403

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 California Ave ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Hopfield

(a) RESIDENCE NO. 1600 California Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank Hopfield

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Reuben

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. H. Hopfield
(Address) 1600 California Ave

15 Filed 1926 C. HAMPSON JONES, M. D.
Per R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1926, to June 8, 1926, that I last saw h[illegible] alive on June 8, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis + Coronary Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Asthma (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

6/9, 19 26 (Address) 4 7216 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL June 11 1926

20 UNDERTAKER Johannah Cazales ADDRESS 1044 Augusta St

Spec.—1-10-21—M&T—1500 Bks.

E 11404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11404

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Rutland ave ST., 7-1 WARD)

2-FULL NAME Charles Dahn

(a) RESIDENCE NO. 1010 Rutland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? 84 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E.

6 DATE OF BIRTH (month, day, and year) July 16-1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Custom Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired) 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Dahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Borman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant .. Dora E. Dahn

(Address) 1010 Rutland ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 19 26

17

I HEREBY CERTIFY, That I attended deceased from 5-20, 19 26, to 6-10, 19 26,

that I last saw him alive on 6-9, 19 6,

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. J. Faure, M. D.

6.10.19 26 (Address) 1939 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL June 12 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager

Spec.—1-10-21—M&T—1500 Pks.

E 11405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 11405

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 E. North Avenue ST. 17-6 WARD)

2-FULL NAME Alexander M. Brownell

(a) RESIDENCE NO. 141 E. North Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Lynch

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) New Bedford
(State or country) Massachusetts

PARENTS

10 NAME OF FATHER William O. Brownell

11 BIRTHPLACE OF FATHER (city or town).....
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Ruth Potter

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country) New York

14 Informant Mrs. Margaret C. Brownell
(Address) 141 E. North Avenue

15 Filed 6/11 1926 C. HAMPSON JONES, M. D. Registrar

Via Penn. Railroad Escort — Mrs. Alexander M. Brownell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from June 0, 1926, to June 9, 1926, that I last saw h[illegible] alive on June 8, 1926, and that death occurred, on the date stated above, at 0 8 m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial Nephritis, Parlow-Sclerosis General

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Odema & Lungs

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 141 E North Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

6 10. 1926 (Address) 100 Chestnut

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Bedford, Mass. DATE OF BURIAL: 6/11 1926

20 UNDERTAKER: Henry W. Mears & Son ADDRESS: 805 N Calvert

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11406

CERTIFICATE OF DEATH.

101-E 11406

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Chelsea Terrace St. 15-4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome D. Muldoon

(Residence in Baltimore: No. 2809 Chelsea Terrace St; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec 8, 1857 (Month) (Day) (Year)

7-AGE, 68 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printing
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, James D. Muldoon

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Long

(Address) 2809 Chelsea Terr.

15-

C. HAMPSON JONES, M. D.

Registrar.

D 1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1926, to June 9 1926, that I saw him alive on June 8 1926., and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) ....yrs. ....mos. 8 ds.

(Signed) Howard P. Warner M. D.

June 9, 1926. (Address) 2604 Garrison av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 11 1926

20-UNDERTAKER William G. Schaffer

ADDRESS 1816 Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 11407

CERTIFICATE OF DEATH.

E 11407

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2149 S. Eliuton St., 26 Ward)

2-FULL NAME James Mallon

(a) RESIDENCE NO. 2149 S. Eliuton St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Mallon.

6 DATE OF BIRTH (month, day, and year) Dec 28 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
69	70	5	11	12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) A. A. E. Co. 06

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Dennis Mallon

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Scully

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Matilda Mallon.

(Address) 2149 S. Eliuton St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1926, to June 8, 1926, that I last saw him alive on June 8, 1926, and that death occurred, on the date stated above, at 9 29/a m.

The CAUSE OF DEATH* was as follows:

Oedema of lungs.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Generalized arterio sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abel Schneider, M. D.

6/9, 1926. (Address) 939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: June 11 1926

20 UNDERTAKER: Zilly & Zeiler — ADDRESS: 4038 Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 11408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11408

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH 1426 Woodall St

CITY OF BALTIMORE: (No. 1426 ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Florence Howe

(a) RESIDENCE NO. 1426 Woodall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Handy girl

(b) General nature of Industry, business, or establishment in which employed (or employer): Bag Co.

(c) Name of employer: Columbia Bag. Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Howe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Charlotte Florence Tolson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Howard Howe

(Address) 133 W. Randall St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to June 9, 1926, that I last saw her alive on June 9, 1926, and that death occurred, on the date stated above, at 12 55 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis c uraemia c hemiplegia and cerebal hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

, 19 (Address) 3034 E Balto. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Harmon Cem. DATE OF BURIAL: June 12 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 1388 E. Fort Ave

Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar

Spec.— .2-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-002

E 11409

E 11409

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1127 William St. St. 24-1 Ward)

2-FULL NAME Charles L Bareford.

(a) RESIDENCE NO. 1127 William St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattye E. Bareford.

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	74.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Robert Bareford.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER ------Elliott.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs. Hile.

(Address) Wilmington Del.

15 Filed_____ 19____ C. THOMPSON JONES, Registrar

JUN 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9/26

17 I HEREBY CERTIFY, That I attended deceased from May 16/26 to June 9/26, 19____,

that I last saw him alive on June 9/26, 19____,

and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Holt, M. D.

June 9/26 (Address) 1703 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial June 11 1926

20 UNDERTAKER A Howard Evans ADDRESS 38 E. Fort Ave

Cor.—12-9-25—A Co.—206 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11410 177 E 11410

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 28-3 Ward)

2-FULL NAME Robb L. Butler

(a) RESIDENCE NO. Byron Oak & Thurston Mill Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Sing'l

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-30-24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Earl Butler

11 BIRTHPLACE OF FATHER (city or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER C. B. Lyons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant E. Butler

(Address) Byron Oak & Thurston Mill Rd

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coroner's Inquest following Entering wall paper - plaster &c.

Gen. debility (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion - face minute

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Reilly M. D.

(Coroner)

June 10, 1926 (Address) 1659 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial June 11 1926

20 UNDERTAKER Harry A. Amacher ADDRESS 4204 Ridgewood Ave

Very important! See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11411 E 11411

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4910 Holder Ave. ST., 27-12 WARD)

2-FULL NAME William F. Sindall

(a) RESIDENCE NO. 4910 Holder Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Sindall

6 DATE OF BIRTH (month, day, and year) Apr. 27, 1850,

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Constable

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Sindall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ella M. Sindall

(Address) 4910 Holder ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 8, 1926.

that I last saw h alive on June 8, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: (urremia)

Acute Nephritis &

Pulmonary oedema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

& Hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M.D.

6/8, 1926 (Address) 4706 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Park Wood Cemetery — DATE OF BURIAL: June 11, 1926

20 UNDERTAKER: Wm. C. Black — ADDRESS: 921 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 11412 HEALTH DEPARTMENT—CITY OF BALTIMORE

13 / E 11412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 6-3 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thresa Huebschman

(a) RESIDENCE No. 219 N. Rose St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 12 1925

7 AGE: Years 1 Months Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: George G. Huebschman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Geo. Huebschman
(Address) 219 N. Rose

15 Filed 11 1926 H. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to June 9, 1926, that I last saw h[illegible] alive on June 9, 1926, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Left Empyema

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Infectious diarrhea (Bronchitis)

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of May 25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas J. Cowan M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: June 11 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Lafayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11413

CERTIFICATE OF DEATH.

90

E 11413

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 430 N. Robinson St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar L. McLaurine

(a) RESIDENCE NO. 430 N. Robinson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Christina McLaurine

6 DATE OF BIRTH (month, day, and year): Sept 16 — 1857

7 AGE: 68 Years 8 Months 24 Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stable Boss

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) _____ (State or country) Va

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Dont Know

14 Informant: John E McLaurine

(Address) 430 N Robinson st

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 10, 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 10, 1926, that I last saw him alive on June 8, 1926, and that death occurred, on the date stated above, at 11.20 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. L. Pearre 2nd, M. D.

6.10.1926 (Address) 5, 4 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: June 12 1926

20 UNDERTAKER: Robt J Turner Jr. — ADDRESS: 1902 E Broadway

Very Important. See Instructions on Back of Certificate.

E 11414 HEALTH DEPARTMENT—CITY OF BALTIMORE 88-003 E 11414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. St. Agnes Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samual Fradin

(Residence in Baltimore: No. 510 So. Pulaski St.; Yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Unknown (Month) ..... (Day) 1..... (Year)

7-AGE: 5 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS:

10-NAME OF FATHER: Hyman Fradin

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Fannie Rosenberg

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Fradin

(Address) 510 So. Pulaski St.

15. Filed JUN 1 1926 192.....

C. HAMPSON JONES, M. D.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 9th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Skull

(Duration) 2 hrs yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Struck by auto

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Norton M. D.
(Coroner)

June 10 1926 (Address) Carlton Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Accidental

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Cordale DATE OF BURIAL. 6-11-26 19...

20-UNDERTAKER. Jack Lewis ADDRESS 1739 E Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11415

CERTIFICATE OF DEATH.

129 E 11415

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 W. Franklin 14-1 Ward)

2-FULL NAME Matilda Bedford

(a) RESIDENCE NO. 1624 W. Franklin Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Bedford.

6 DATE OF BIRTH (month, day, and year): Feb. 1846

7 AGE — Years: 80 — Months: 4 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: Walter Bedford son

(Address) 1624 W. Franklin

15 Filed June 10, 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ch. Enter. Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. T. Hennessy M. D.

(Coroner)

June 10, 1926 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem Date of Burial June 12 1926

20 UNDERTAKER: Mrs Ida Snowden ADDRESS 225 Eastland Ave

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11416 E 11416

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 27-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Hofmann

(a) RESIDENCE No. 4719 Ready Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	~~married~~ widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Hofmann

6 DATE OF BIRTH (month, day, and year) Cent

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Ohio (State or country)

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Son – George Hofman (Address) 4719 Ready Ave

15 Filed N 1 1 1926 19 Per R K C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-28, 1926, to 6-10, 1926, that I last saw h alive on ....., 19 ....., and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris Coronary sclerosis

Nephritis & Hypertension

Ht. disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis Keller, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holly Rood Cemetery DATE OF BURIAL June 12 1926

20 UNDERTAKER John A Scorsine ADDRESS 3 East Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 11417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34 E 11417

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Colona

(a) RESIDENCE No. 400 N. Carey st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	11			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Colona

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 1 1 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 9, 1926,

that I last saw her alive on June 9, 1926,

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Pott's disease

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Disseminated tuberculosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Norma Lane M. D.

6-9-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Vincents Cem

DATE OF BURIAL 6, 12, 1926

20 UNDERTAKER George E. Ruth

ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 11418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 11418

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 9-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Spangle

(a) RESIDENCE NO. 604 S Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUN 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to June 7, 1926, that I last saw him alive on June 7, 1926, and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

6/8, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL 6/12 1926

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Av

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

E 11419

CERTIFICATE OF DEATH.

74 E 11419

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N Carey ST. 181 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Zalk

(a) RESIDENCE. No. 31 N Carey ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Zalk

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE: Years 70 Months 7 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rabbi

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Bey. Schuster (Address) 1324 Baltimore Ave

15 Filed JUN 11 1926 19 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/11/26. 19

17 I HEREBY CERTIFY, That I attended deceased from 6/9/26, 19, to 6/11/26, 19, that I last saw h— alive on 6/10/26. 19, and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. H. Jones, M. D.

6/11/26 (Address) 325 Stuart

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon	6-11-1926

20 UNDERTAKER: Joseph Levin, 1139 E. Balto

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Odenson.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11420

CERTIFICATE OF DEATH.

59-002

59 E 11420

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Market St. St. 9553 WARD)

2-FULL NAME George Odenson

(a) RESIDENCE NO. 2120 Market ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Odenson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Thelma Rosen

13 BIRTHPLACE OF MOTHER (city or town) Septonville (State or country)

14 Informant Mrs. Smith

(Address) 1st Mrs.

15 Filed JUN 1 1926 C. HAMPSON JONES, M. D. Registrar

Per RSC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10 1926

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1926, to June 10, 1926, that I last saw h[illegible] alive on June 8, 1926, and that death occurred, on the date stated above, at 7 55 A m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma Suffering

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Hall, M. D.

June 10 1926 (Address) Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL June 11" 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 11421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 11421

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1502 Rutland ave St. 8-3 Ward)

2-FULL NAME Elizabeth Zittinger

(a) RESIDENCE NO. 1502 Rutland St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Zittinger

6 DATE OF BIRTH (month, day, and year) March 1, 72

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER P Manzi

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Hobler

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Frederick Zittinger

(Address) 1502 Rutland Ave

15 Filed _____, 19__ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17

I HEREBY CERTIFY, That I attended deceased from March 17, 1926, to June 9, 1926, that I last saw h.. alive on June 8, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

Contributory (duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arrest

(duration) 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. Edna Murray, M. D.

, 19 (Address) 1517 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 12 1926

20 UNDERTAKER W M Routson ADDRESS 223 N Howard

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 11422

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 11422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3500 Pool St., 13-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver A Forwood

(a) RESIDENCE NO. 3500 Pool St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Bessie Forwood

6 DATE OF BIRTH (month, day, and year): April 15 1866

7 AGE: Years 60 | Months 1 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Card Grinder

(b) General nature of industry, business, or establishment in which employed (or employer): in Cotton Mill

(c) Name of employer

9 BIRTHPLACE (city or town): Balto 046

(State or country)

PARENTS

10 NAME OF FATHER: John W Forwood

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Hoss

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Bessie Forwood (Address) 3500 Pool St

Filed JUN 1 1926

HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to June 10, 1926, that I last saw h... alive on June 10, 1926, and that death occurred, on the date stated above, at 5 Pm.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis, Hypertrophy

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted? same

If not at place of death? same

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Kid. finding Albumin & Casts

(Signed) Evan T Kelly, M. D.

11/26 (Address) 4 Lovement Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden Date of Burial: June 12/26

20 UNDERTAKER: Schenow & Son ADDRESS: 2361 E Fairmount Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11423

CERTIFICATE OF DEATH.

E 11423

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 S. Bouldin St. ST., 26-6 WARD)

2-FULL NAME John Henry Kalbfleisch

(a) RESIDENCE NO. 1017 S. Bouldin St. ST., 12 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Kalbfleisch

6 DATE OF BIRTH (month, day, and year) Aug 26 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	71	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Operator

(b) General nature of Industry, business, or establishment in which employed (or employer) Penn. R.R. 13

(c) Name of employer (Pensioned)

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER John Kalbfleisch.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ger.

14 Informant Mrs. Elizabeth Schisler (Boyle)
(Address) 1017 S. Bouldin St

15 Filed JUN 1 1926 HAMPSON JONES, M. D. Registrar
RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25th, 1925, to June 9th, 1926, that I last saw h/~~im~~ alive on June 7th 1926, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

(duration) 1 yrs. ~~mos~~ 14 ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage Sudden
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Caleb N. Athey, M. D.

June 9, 1926 (Address) 130 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. June 12 1926

DATE OF BURIAL

17 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11424

CERTIFICATE OF DEATH.

90 E 11424

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Philadelphia Rd & Hornes Lane ST., 1a 3 WARD)

2-FULL NAME Mary R. Sanft.

(a) RESIDENCE NO. Philaddelphia Rd & Hornes Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Sanft.

6 DATE OF BIRTH (month, day, and year) Aug. 2 - 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Hagerstown (State or country) Md.

PARENTS

10 NAME OF FATHER John Ewald

11 BIRTHPLACE OF FATHER (city or town) Ger. (State or country)

12 MAIDEN NAME OF MOTHER Mulenown

13 BIRTHPLACE OF MOTHER (city or town) Ger. (State or country)

14 Informant Mrs. Anna Hughes. (Address) Philadelphia Rd & Hornes Lane

15 Filed NOV 1 1926 C. HAMPSON JONES, M. D. Registrar Per H.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926 to June 9, 1926.

that I last saw her alive on June 9, 1926,

and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (Acute)

(duration) 5 yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Artigiani, M. D.

, 19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL June 12th 1926

20 UNDERTAKER Lilly & Julian 403 S. Wolfe St ADDRESS

E 11425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11425

CERTIFICATE OF DEATH.

1685

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mt Hope Retreat St. 26th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Heindl

(Residence in Baltimore: No. Mt Hope Retreat St.; 50 yrs., 6 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov (Month) 1st (Day), 1875 (Year)

7-AGE	If LESS than 1 day,
71 yrs. 7 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steward
(b) General nature of industry, business, or establishment in which employed (or employer): Boating boat.

9-BIRTHPLACE, (State or Country), Bavaria Germany

PARENTS.

10-NAME OF FATHER, John Heindl

11-BIRTHPLACE OF FATHER (State or Country). Bavaria Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Records of Mt Hope Retreat
(Address) Mt Hope Md.

15- Filed JUNT 1 1926 191... Per ... Registrar.
C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging
(Rope)
(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Senile Physical
(Duration) ...yrs. ...mos. ...ds.

(Signed) J. T. Heuman M. D.
(Coroner.)
June 10 1926 (Address) 2502 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	June 12, 1926
20-UNDERTAKER Lilly & Son	ADDRESS S. Wolfe St. 403

IMPORTANT.—See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11426

CERTIFICATE OF DEATH.

90 E 11426

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Hollins St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Grady

(a) RESIDENCE NO. 908 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER John Grady

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Conroy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant M. Canal Conroy

(Address) 908 Hollins St.

Filed JUN 11 1926 HAMPSON JONES, M. D.

Per — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY Exhaustion

(Secondary)

(duration) yrs. mos. 1 ds.

(Signed) T C Haas M. D.

(Coroner)

June 9/26 (Address) 1436 B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cem June 12 1926

20 UNDERTAKER John F. Cowan & Son ADDRESS 901 Hollins St.

Per J. F. Cowan

very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11427

CERTIFICATE OF DEATH

49 E 11427

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore Maryland (Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Coomes.

(a) RESIDENCE No. 2613 Frisby Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where deceased was enumerated: Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L Coomes

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): 011

(c) Name of employer

9 BIRTHPLACE (city or town) Kansas City

(State or country) Missouri

PARENTS

10 NAME OF FATHER Samuel Coomes.

11 BIRTHPLACE OF FATHER (city or town) Kansas City

(State or country) Missouri

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Kansas City

(State or country) Missouri

14 Informant Hospital City Balto.

(Address) Baltimore Maryland

15 Filed JUN 11 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-9-1926

17 I HEREBY CERTIFY, That I attended deceased from 2-29-, 1926, to 6-9-, 1926.

that I last saw him alive on 6-9-, 1926

and that death occurred, on the date stated above, at 3 a- m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma Neck,

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam

(Signed) [illegible] M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet —	June 11 1926
20 UNDERTAKER	ADDRESS
Lowe Cook	502 E. Hamburg

FROM a very important case. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11428

CERTIFICATE OF DEATH.

100 E 11428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 8-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ray Gladwell

(a) RESIDENCE NO. 1705-½ Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898 Aug 27

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
37	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Thos Gladwell

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Va

12 MAIDEN NAME OF MOTHER Katherine Bailey

13 BIRTHPLACE OF MOTHER (city or town) Va?

(State or country)

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed JUN 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 8, 1926, that I last saw him alive on June 8, 1926, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Alcoholic delerium

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

6/9/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 6/12 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nadal

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11429 E 11429

CERTIFICATE OF DEATH.

REGISTERED NO. 1601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Lancaster ST.: 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam. Macijewski.

(a) RESIDENCE. No. 1621 Lancaster ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-11-26

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ (10)

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Jroyz Macijeski

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Pastubicky

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Jroyz Macijeski
(Address) 1621 Lancaster st

15 Filed 6-11 1926, 19 C. HAMPSON JONES Registrar
RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 11 - 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11 1926, to June 11 1926, that I last saw him alive on , 1926, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L Wisner, M. D.

6-11, 1926 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary, Bens — DATE OF BURIAL: June 11 1926

20 UNDERTAKER: George A Weber. — ADDRESS: 2206 Ranko

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11430

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W Lafayette St. 17-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Coster

(a) RESIDENCE. No. 703 W Lafayette St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Loyd Coster

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lancaster Co Va

12 MAIDEN NAME OF MOTHER Mamie Parrot

13 BIRTHPLACE OF MOTHER (city or town) S. C.
(State or country)

14 Informant
(Address)

15 Filed 19 C. HAMPSON JONES, Registrar

JUN 11 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6—10 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Still Born

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) premature

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. Woolred Jr, M. D.

6-10. 1926 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19

20 UNDERTAKER	ADDRESS
D.	

UNIVERSITY OF MARYLAND

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11431

CERTIFICATE OF DEATH.

159-003

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1515 W. Washington, 83 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Luratt

(a) Residence No. 1515 W Washington St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of baby

6-DATE OF BIRTH (month, day and year) 6-8-26

7-AGE, ...yrs. .....mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto Md (State or Country),

PARENTS.

10-NAME OF FATHER, Mac Luratt

11-BIRTHPLACE OF FATHER (city or town) Va. (State or Country),

12-MAIDEN NAME OF MOTHER, Della Briggs

13-BIRTHPLACE OF MOTHER (city or town) Texas (State or Country),

14-

(Informant)

(Address)

15-

Filed ....., 19.... C. EMPSON JONES, M. D. Registrar.

1926 Per HRH

0426

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-11-26

17- I HEREBY CERTIFY, That I attended deceased from 6-8, 1926, to 6-11, 1926, that I last saw him alive on 6-11, 1926, and that death occurred, on the date stated above, at 7:47 m.

The CAUSE OF DEATH* was as follows:

Ectopia of bladder

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) ....yrs. ....mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? both

(Signed) David Mellin M. D.

, 19 (Address) 1500 Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,

DATE OF BURIAL, ..., 19....

20-UNDERTAKER.

ADDRESS

JUN 11 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11432

CERTIFICATE OF DEATH.

E 11432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 15-13 Ward)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias Brooks

(a) RESIDENCE No. 1363 Whatcoat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Baltimore City Hospitals (Address) Records

15 Filed JUN 11 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 8, 1926, that I last saw him alive on June 8, 1926, and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller M. D.

6/8/ 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D. Commissioner of Health

JUN 11 1926

FROM 5 very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11433

CERTIFICATE OF DEATH.

128 E 11433

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 Ward St 21-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Dixon

(a) RESIDENCE NO. 1409 Ward St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day and year): 6-4-1886

7 AGE — Years: 40 — Months: — — Days: 6 — IF LESS than 1 day.....hrs. or.....min. —

8 OCCUPATION OF DECEASED: —

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Richard Williams

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Mills

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Thos Dixon

(Address): 1409 Ward St

1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 6-10-26

17 I HEREBY CERTIFY, That I attended deceased from 6-1-, 19 26, to 6-10, 19 26 that I last saw h[illegible] alive on alive 6-10, 19 26, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) probably Alcohol

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Dixon, M. D.

, 19 (Address) 1409 Ward St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: June 12/1926

20 UNDERTAKER: Dan'l Easton — ADDRESS 916 Pa ave

1 very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11434

CERTIFICATE OF DEATH.

31

E 11434

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Mc Culloh ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Nelson

(a) RESIDENCE NO. 1523 Mc Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	23	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Richard Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellicott City Maryland

12 MAIDEN NAME OF MOTHER: Jane Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys County Maryland

14 Informant: Sadie White

(Address): 1523 Mc Culloh ST

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10/1926.

17 I HEREBY CERTIFY, That I attended deceased from April 15th, 1926 to June 10th 1926.

that I last saw her alive on June 7th, 1926,

and that death occurred, on the date stated above, at 4:58 A m.

The CAUSE OF DEATH* was as follows:

Far Advanced Pulmonary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex Abkenstadt M. D.

6/10/1926 (Address) 2600 Springhill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D Nelson Sons — DATE OF BURIAL: June 12/926

20 UNDERTAKER: Daniel Easton — ADDRESS: Bayne

FULL INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11435 E 11435

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 20th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willis W. Schaub

(a) RESIDENCE NO. 4015 Frederick Ave ST., 20th WARD 7

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 7th 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — pupil

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Frederick J Schaub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montwait Ohio

12 MAIDEN NAME OF MOTHER Clara W. Weise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick J Schaub (Address) 4015 Frederick Ave

15 JUN 1926 . 19 . RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11- 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-8 . 1926 . to 6-11 . 1926 .

that I last saw him alive on 6-11 . 1926 .

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute rheumatic fever with joint involvement, myocarditis and endocarditis

Present attack (duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? not obtained

What test confirmed diagnosis? History + Physical Exam.

(Signed) Theron Hunter M. D.

6/11 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Elysian Olive — DATE OF BURIAL: June 12 26

UNDERTAKER: F B Hyppert — ADDRESS: 1850 N Broadway

THIS IS VERY important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11436

CERTIFICATE OF DEATH.

× 185 E 11436

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-2 Ward)

2-FULL NAME Richard Baker

(a) RESIDENCE NO. Laurel, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 17, 1897

7 AGE: Years 29 Months 4 Days 25. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Rail Road.

(c) Name of employer B & O.

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. H. Baker

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose Lovelace

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md.

14 Informant Geo. H. Baker

(Address) Laurel, Md.

15 Filed 1926 16 C. HAMPSON JONES, M. D. Registrar

Per _____

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull.
Fracture of left wrist

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Fell 30 feet while painting trestle

(duration) yrs. mos. ds.

(Signed) J. T. Heaney M. D.
(Coroner)

6/11/ 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Laurel Md — Date of Burial 6/13 1926

20 UNDERTAKER Geo H. Wench — ADDRESS Laurel Md

Spec.—12-9-25—A Co.—200 Bks.

(Poehnert)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11437

CERTIFICATE OF DEATH.

49

E 11437

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3106 Fresberry St. 15-7 Ward)

2-FULL NAME Edna M. Poehnert

(a) RESIDENCE NO. 3106 Fresberry St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E Poehnert

6 DATE OF BIRTH (month, day, and year): Oct. 1886

7 AGE: Years 39 | Months 8. | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Charles E Poehnert.

(Address) 3106 Fresberry St

15 Filed ..... 19 .....

C. HAMPSON JONES, Registrar.

1 1926 Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to June 10, 1926, that I last saw ~~him~~ her alive on June 9, 1926, and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma 2 left thigh with metastases

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Maurice E. Shamer, M. D.

6/11/1926 (Address) 3300 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

Date of Burial 19

20 UNDERTAKER: Wm Cook

ADDRESS: 1018 E. North ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11438

CERTIFICATE OF DEATH.

46 E 11438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Denver St. St. 21-1 WARD)

2-FULL NAME Nannie Lee Critzer.

(a) RESIDENCE NO. 1515 Denver St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married.

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of William Critzer.

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	22 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co.

(State or country) Virginia.

PARENTS

10 NAME OF FATHER John Franklin.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sally ——

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant William Critzer

(Address) 1515 Denver St.

15 Filed N 1 1926 19 C. EMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to June 11, 1926.

that I last saw her alive on June 10, 1926, 19

and that death occurred, on the date stated above, at 5.05 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix.

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease. (duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL June 11 1926

UNDERTAKER Wellington Bad 502 E North Ave ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Banks - Block 2 Lot 4 3rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11439

CERTIFICATE OF DEATH.

12 9 E 11439

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 143 Bouldin St. 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Schneider

(a) RESIDENCE NO. 143 Bouldin St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 16 1850

7 AGE: Years 76 | Months | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Ernest Peters

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Florence Hyatt

(Address) 143 Bouldin St

15 Filed JUN 1926 C. HAMPSON JONES, M. D. Registrar

Per AAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1925, to June 7, 1926, that I last saw h[illegible] alive on June 7, 1926, and that death occurred, on the date stated above, at 5-30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Arteriosclerosis Apoplexy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) C. H. McClanahan, M. D.

, 1926 (Address) 3508 Dunk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cem. Date of Burial Jun 14 1926

20 UNDERTAKER: Williams & Co ADDRESS 532 E Balto

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11440

CERTIFICATE OF DEATH.

E 11440

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert A.Krause.

(a) RESIDENCE NO. Chicago Ill. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs.---ds. How long in U. S., if of foreign birth? yrs. mos. / ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 21, 1890.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward on

(b) General nature of industry, business, or establishment in which employed (or employer) S/SDochet.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Chicago, Ill.

PARENTS

10 NAME OF FATHER Albert H.Krause.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Bertha Gable.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant Bertha Krause.(mother.

(Address) 19 E.101st.St.Chicago Ill.

15 Filed 1926 C. HAMPSON JONES, M. D.

Per_____ Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the 4th, 5th, 6th Vertebrae

Accidental fall down a hatchway on S/S Dochet.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

6/11 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? On steamship Dochet Curtis Bay 5/28/26

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 11/2 19

20 UNDERTAKER Tom Cook ADDRESS 502 E. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1144T

CERTIFICATE OF DEATH.

185 E 1144T

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen B. Hill Jr.

(a) RESIDENCE NO. 126 E?Gitting St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) November 19 1916.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Stephen B. Hill Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Susie B. Sedicum.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Stephen B. Hill Sr. (father)

(Address) 126 E. Gitting St.

15 [illegible] 1926 G. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and both arms.
Accidental fall from a roof.
Meningitis.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

6/11 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 118 E. Gitting St. May 19, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial June 17 1926

20 UNDERTAKER Margaret J. Flynn ADDRESS 147 N. Eighth St.

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11442 — 31 E 11442

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1535 Light St. Ward 24-2)

2-FULL NAME Matthew M. Curley

(a) RESIDENCE NO. 1535 Light St. Ward

(Usual place of abode)

Length of residence in city or town (where deceased had lived) about 60 yrs. mos. ds. How long in U. S., if of foreign birth? ~~about 60~~ yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Curley

6 DATE OF BIRTH (month, day, and year): Nov. 7, 1857

7 AGE — Years: 68 — Months: 7 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Michigan

PARENTS

10 NAME OF FATHER: Thomas Curley

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Moore

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: John Curley

(Address): 1535 Light St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M.D. (Registrar)

1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 9 / 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 9, 1926,

that I last saw h~~im~~ alive on June 9, 1926

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration)

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. H. Campbell, M. D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A. A. Co. Date of Burial: June 12 19 26

20 UNDERTAKER: Margaret S. Flynn ADDRESS: 1442 Light St.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11443

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 729 Scott ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M Brown

(a) RESIDENCE NO. 629 Scott ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A Brown

6 DATE OF BIRTH (month, day, and year) Aug 30 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Chambers & Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Noval H Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary J Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mildred M Jones

(Address) 3329 Scott St

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/3 1926 to 6/10 1926

that I last saw h[illegible] alive on 6/10 1926

and that death occurred, on the date stated above, at P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Toxemia of uremia (over)

(duration) yrs. 8 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolf M. D.

6 11, 1926 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 6/12 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

6 11 1926

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11444

CERTIFICATE OF DEATH.

100 E 11444

REGISTERED NO. 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Wilhelm ST.; WARD)

2-FULL NAME Chas. Frank. Thurle

(a) RESIDENCE. No. 1813 Wilhelm ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Thurle

6 DATE OF BIRTH (month, day, and year) 7-18-79

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hucksters

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas F. Thurle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katie Rusk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ellicott City Md

14 Informant Ruth W Tadden

(Address) 721 Edgewood

15 Filed NOV 1 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10th 1926

17

I HEREBY CERTIFY, That I attended deceased from May 18th 1926, to June 10th 1926,

that I last saw h alive on June 10th 1926,

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dr. J. McCurry, M. D.

6/4, 1926 (Address) 700 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 14 26

20 UNDERTAKER: Harry H. Weitz & Co — ADDRESS: 531 W Lombard

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

11445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11445

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 19 Ballendine St., Md. WARD)

REGISTERED NO. 124

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredrick G. Hentell

(a) RESIDENCE NO. 316 S. Augusta ave ST., WARD Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5- 1896

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29 yrs.	10 Mo		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Ship

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry J. F. Hentell

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie - Brannigan

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Hospital Records
(Address)

15 JUN 11 1926 C. HAMPSON JONES, M. D.
Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-1, 1926, to 6-8, 1926, that I last saw him alive on 6-6, 1926, and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
with Acute flare up.
Hypertension

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cystitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. findings

(Signed) W. E. Hahn M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June 12 1926

20 UNDERTAKER Harry H. Wirtzke

ADDRESS 1531 W. Lombard

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11446 E 11446

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813 N. Washington St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Katherine E. Ormsby

(a) Residence No. 1813 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Ormsby

6-DATE OF BIRTH (month, day and year) April 15th 1863

7-AGE. 62 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House-work

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Pittsburgh Pa.

PARENTS.

10-NAME OF FATHER, John C. Engel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) John Grimley

(Address) 1813 N. Washington St.

15- Filed 2 1926 1926 C. HAMPSON JONES, M.D. Registrar. Rep

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 10th 1926

I HEREBY CERTIFY, That I attended deceased from July 18, 1925 to 6-10, 1926

that I last saw h[illegible] alive on 6-10 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Miller M. D.

6-11, 1926 (Address) 1500 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westlawn Cemetery — DATE OF BURIAL. 6/12/1926

20-UNDERTAKER. C. J. Fanning Inc - 1936 Lafayette — ADDRESS

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11447

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 105 Hemlock Ave Hamilton ST. 7 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward L. Gettier

(a) RESIDENCE. No 105 Hemlock Ave Hamilton ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Gettier

6 DATE OF BIRTH (month, day, and year): May 22—1866

7 AGE: Years 60 — Months — Days 16 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John L. Gettier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary V. Trabaud

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mary Gettier 105 Hemlock Ave Hamilton

15 Filed JUN 12 1926 19 C. HAMPSON JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1926

17 I HEREBY CERTIFY that I attended deceased from Feb. 25. 1926 to June. 8. 1926.

that I last saw h alive on June 8. 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of ?

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. D.

June 9. 1926 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: June 12 1926

20 UNDERTAKER: Chas. H. Grave & Son — ADDRESS: 1117 W. Baltimore St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11448

161-006

E 11448

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1023 Bush St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas R Dulay.

(a) RESIDENCE NO. 1023 Bush. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 7-1926.

7 AGE: Years | Months | Days: 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. 0d

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thos. H. Dulay

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lozette Russell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mr Thos H. Dulay

(Address) 1023 Bush St.

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11/26 19

17 I HEREBY CERTIFY, That I attended deceased from 6/7/ 1926, to 6/11/26 19, that I last saw h— alive on 6/11/26, 19, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar) (a) 1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Bernard J Finn, M. D.

6/11/ 1926 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Greenleaf, Cem. Md Anne Arundel County June 12 1926

20 UNDERTAKER Edward J Cowan & Son ADDRESS

Edward J. Cowan. 901 Hollins St

OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is very important. See instructions on back of certificate.

1 2 1926

Spec.—1-12-23—M&T—500 Bks.

E 11449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11449

CERTIFICATE OF DEATH.

× 32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Jackson

(a) RESIDENCE No. 920 Mt. Spanos St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: 27 Years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Sam Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Rosa Bolles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Ada Jackson

(Address) 132 E. 2d Farmville Va

15 Filed 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/10/26.

17

I HEREBY CERTIFY, That I attended deceased from Feb 25th 1926, to June 10th 1926; that I last saw h living on June 9th, 1926, and that death occurred, on the date stated above, at 3:30A m.

The CAUSE OF DEATH* was as follows:

T.B. meningitis

(duration) yrs. mos 7 days

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death? Spanos St Md

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar puncture & Stain-

(Signed) J. H. Thomas, M. D.

, 19 (Address) 101 2 St Spanos St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Farmville Virginia

20 UNDERTAKER: Adolphus Halsted

DATE OF BURIAL: June 11 26

ADDRESS: 904 2 Eastern

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11450

CERTIFICATE OF DEATH.

90 E 11450

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 132 S. Bouldin St., 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hendricks

(a) RESIDENCE NO. 132 S. Bouldin St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myra Hendricks

6 DATE OF BIRTH (month, day, and year) Dec. 15. 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Edward Hendricks

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Myra Hendricks

(Address) 132 S. Bouldin St

15 Filed _____, 19____ _____ Registrar

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1926

17

I HEREBY CERTIFY, That I attended deceased from Jany 28th, 1926, to June 9th, 1926, that I last saw him alive on June 8th, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Mitral & Aortic Chronic Heart

(duration) yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) 1 yrs. 4 mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Physical Signs

(Signed) Caleb V. Otley, M. D.

June 10, 1926 (Address) 100 S. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. Date of Burial June 12 1926

20 UNDERTAKER H. Sander Sons ADDRESS 1701 E. Lee St.

OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1145I

101-001

E 1145I

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 W. Lombard St., 18-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Day

(a) RESIDENCE NO. 1113 W. Lombard St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no. W.

6 DATE OF BIRTH (month, day, and year) Apr. 8-55

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hsw.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Wm E Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Agnes Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Daughter Planned

(Address) 1113 W. Lombard

15 Filed _____, 19____ C. HAMPSON JONES, M. D. Registrar

JUN 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1926

17 I HEREBY CERTIFY, That I attended deceased from 5/27/26, to 6/10/26, that I last saw h.er alive on 6/9/26, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic & Mitral Regurg.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia & Pleurisy

(duration) 5/27/26 yrs. ___ mos. ___ ds.

18 Where was disease contracted —

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Fury, M. D.

6/11/1926 (Address) 9 E Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 14 1926

20 UNDERTAKER John J. Field ADDRESS 1202 W Lombard st

OF DEATH in plain terms, so that it may be properly classified. Fatal statements of OCCUPA very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11452 HEALTH DEPARTMENT—CITY OF BALTIMORE

16 E 11452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 17-2 WARD)

2-FULL NAME Harry Price

(a) RESIDENCE NO. 617 Hoffman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			18	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Harry Cornish

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mother

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1926, 19 C. HAMPSON JONES, M. D.

Per MRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to June 5, 1926, that I last saw him alive on June 5, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Arthur Logan M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11453

CERTIFICATE OF DEATH.

100-81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Ames

(a) RESIDENCE NO. 4137 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 53 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Geo Ames

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Julia Ames

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1925, to June 9, 1926, that I last saw h[illegible]live on June 9, 1926, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mns. ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Miller, M. D.

6/6 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: June 17 1926

UNDERTAKER: Samuel Hunsley — ADDRESS: 37 E Balto

TION is very important. See instructions on back of certificates.

Spec.—12-9 25—A Co.—200 Bks.

Clara M. Grant

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11454

CERTIFICATE OF DEATH.

31 E 11454

1-PLACE OF DEATH

City of BALTIMORE: (No. 30 E. 20th St. 12-5 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Grant

(a) RESIDENCE NO. 30 E. 20th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	14	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Robert Grant

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md

(State or country)

12 MAIDEN NAME OF MOTHER Clara Spiess

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md

(State or country)

14 Informant Clara Grant

(Address) 30 E. 20th St.

JUN 12 1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to June 8, 1926,

that I last saw h... alive on June 8, 1926,

and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(duration) yrs. 7 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Place of death

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy! No

What test confirmed diagnosis? Sputum

(Signed) L. A. Peterson, M. D.

June 11, 1926 (Address) 2329 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial June 13th 26

20 UNDERTAKER Emma B. Housley ADDRESS 1728 E. Eddy

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT... is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11455 E 11455

CERTIFICATE OF DEATH.

37-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp ST., 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Mayfield

(a) RESIDENCE NO. 1179 E Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Willie Mayfield

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk (State or country) Virginia

PARENTS

10 NAME OF FATHER William Johnson

11 BIRTHPLACE OF FATHER (city or town) North (State or country) Carolina

12 MAIDEN NAME OF MOTHER Eliza Moore

13 BIRTHPLACE OF MOTHER (city or town) North (State or country) Carolina

14 Informant Isabell Johnson (Address) 1300 Eastern Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to June 9, 1926, that I last saw her alive on June 9, 1926, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Tapeworm

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard Harris, M. D.

, 19 (Address) 38 S Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 6.14.1926

20 UNDERTAKER Jno. L. H. Rochester — ADDRESS 1413 Jeffers

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 11456 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 11456

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) 16-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Rich

(a) RESIDENCE NO. 1036 Stockton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Rich

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Lombard

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 6-12 19 26 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to June 10, 1926, that I last saw her alive on June 10, 1926, and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. O'M. Lane M. D.

6-11 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL 6-13 1926

20 UNDERTAKER Geo. T. A. Gibbs ADDRESS 1736 Madison

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11457

CERTIFICATE OF DEATH.

74-001

E 11457

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1417 N Dallas St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John James Garnett

(a) RESIDENCE NO. 1417 N Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city

(State or country)

PARENTS

10 NAME OF FATHER John J. Garnett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Lillie Coleman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto city

14 Informant Lillie C Garnett

(Address) 1419 N Dallas St

Filed JUN 12 1926 C. HAMPSON JONES, M. D. Registrar

Per Lizzie

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1926 to June 9, 1926, that I last saw h— alive on June 9, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

about an hour (duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Epilepsy many years

many years (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

6-10 1926 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial June 12 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 11458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11458

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead, of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 Warner St. 21-3 Ward)

2-FULL NAME Annie E. Schaeffer

(a) RESIDENCE NO. 1204 Warner St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip J Schaffer

6 DATE OF BIRTH (month, day, and year): Feb 14 1859

7 AGE — Years: 67 — Months: 3 — Days: 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Weet

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Philip J Schaffer

(Address): 1204 Warner

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar.

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to Jun 11, 1926, that I last saw h[illegible] alive on Jun 10, 1926, and that death occurred, on the date stated above, at 12-10 PM

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. P. Campbell M. D.

12, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — Date of Burial: 6/14 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Nor[illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP[illegible]N is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

LAKE DRIVE AND LAKEVIEW AVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11459

49 E 11459

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Seville Apts. B 1. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Asher Engel.

(a) RESIDENCE NO. Seville Apts. B 1. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Engel,

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1852.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing.

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia,

(State or country) Pa.

PARENTS

10 NAME OF FATHER Joseph Engel,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mr. Jay Engel,

(Address) Seville Apts.

JUN 12 1926 C. HAMPSON JONES, Registrar.

Per N.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 23, 19 26, to June 11, 19 26,

that I last saw h. alive on June 10, 19 26,

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Bladder

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pyelo-Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopical Section

(Signed) Edwin E. Mayer, M. D.

6/12, 19 26 (Address) The Esplanade.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cheb Shalom Cem. Date of Burial: 6/13/ 1926

20 UNDERTAKER: D. David Sondheim ADDRESS: 16 20 W. mt. Royal Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11460

CERTIFICATE OF DEATH.

E 11460

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1308 Hollins St. 19-1 Ward)

2-FULL NAME Elizabeth R Hayes

(a) RESIDENCE NO. 1308 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Unknown. 1880

7 AGE: 46 Years 45 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Patrick Hayes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Mason

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Mrs Hanna Hayes

(Address) 1308 Hollins St

15 Filed 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to June 10, 1926, that I last saw h.s. alive on June 10, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Lacunar Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) J. C. Hampson Jones, M. D.

6-11-1926 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: June 14 1926.

20 UNDERTAKER: John F. Cowan & Son ADDRESS: 901 Hollins St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N 12 1926

Spec.—12-9-25—A Co.—200 Bks.

E 11461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11461

CERTIFICATE OF DEATH.

+ 65-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Fischer Durham

(a) RESIDENCE NO. Tampico, Mexico St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Madge M. Myers

6 DATE OF BIRTH (month, day, and year): Mch 11. 1877

7 AGE: Years 49 Months 3 Days — If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oil Promoter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Ky.

(State or country)

PARENTS

10 NAME OF FATHER: James Durham

11 BIRTHPLACE OF FATHER (city or town): Ky

(State or country)

12 MAIDEN NAME OF MOTHER: Nukuabe

13 BIRTHPLACE OF MOTHER (city or town): W

(State or country) Va

14 Informant: Mrs. Madge M. Durham

(Address) San Antonio Texas

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11, 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to June 11, 1926, that I last saw him alive on June 11, 1926, and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Leukemia, (aleukemic),

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home or in Mexico

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) F. W. Bruglt, M. D.

6/11, 1926 (Address) Church Home Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: John O. Tilden

Date of Burial: June 13 1926

UNDERTAKER: Kingwell Tedaswell

ADDRESS: Kingwell Tedaswell Texas

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO very important. See instructions on back of certificates.

12 1926

Spec.—1-10-21—M&T—1500 Bks.

E 11462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11462

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Third ave. near Caton Ave. (St.) (Ward) Rayetown

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretha Bruening

(a) RESIDENCE NO. Third Ave. near Caton Ave. ST., Rayetown WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): July 25th 1847

7 AGE: Years 78 Months 10 Days 16

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Bavaria (State or country) Germany

PARENTS

10 NAME OF FATHER Simon Wich

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaretha Ebert

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant: Matilda Wolfe (Address) Rayetown Md.

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11 1926

17 I HEREBY CERTIFY, that I attended deceased from May 30 1926 to June 11 1926, that I last saw her alive on June 10 1926, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinosis.
(Uterine carcinoma).

(duration) 2 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause, M. D.

, 19 (Address) 2500 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 14 1926

20 UNDERTAKER: Frederick Lassahn Sons — ADDRESS: Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11463

CERTIFICATE OF DEATH.

90

E 11463

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3512 Roland Ave. St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. Cummings

(a) RESIDENCE NO. 3512 Roland Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11th. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland.
(State or country)

PARENTS

10 NAME OF FATHER John B. Price

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rachel Rocher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Rachael Cummings
(Address) 3512 Roland Ave.

12 1926 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10/1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 1926, to June 10, 1926; that I last saw her alive on June 10, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Wroundreuther, M. D.

6/11 1926 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Mary's Hampden 6/12 1926

20 UNDERTAKER ADDRESS

Chas. F. Grace & Son 118 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11464 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11464

CERTIFICATE OF DEATH.

47

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 W. Franklin ST. 17-3 WARD)

2-FULL NAME Margaret Jane Bankard

(a) RESIDENCE NO. 711 W Franklin ST, ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis Bankard.

6 DATE OF BIRTH (month, day, and year) Jan 6. 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Frederick Co (State or country) Md.

PARENTS

10 NAME OF FATHER Solomon Maly

11 BIRTHPLACE OF FATHER (city or town) Frederick Co Md (State or country)

12 MAIDEN NAME OF MOTHER Belle Ztyler

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co Md. (State or country)

14 Informant Mrs. A. Trageser
(Address) Union Bridge R.F.D. 4

15 Filed JUN 12 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 16. 1925. to June 17 1926, that I last saw h alive on June 17 1926, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

2 (duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cause Unknown

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo. E. Hemmeter M. D.

6/11, 1926 (Address) 3002 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beaver Dam Grad & Co Md — DATE OF BURIAL: June 15 1926

20 UNDERTAKER: Powell & Albaugh — ADDRESS: Liberty Town Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 11465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11465

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) SYDENHAM HOSPITAL ST. 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ferstenman

(a) RESIDENCE NO. 3923 E. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Freda Ferstenman

6 DATE OF BIRTH (month, day, and year) May 5 - 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	48	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Ferstenman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Eckhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Freda Ferstenman, (Address) 3923 E. Pratt st.

2 1926 C. 19 HAMPSON JONES, M. D. Registrar

Per A K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17

I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 11, 1926, that I last saw him alive on June 11, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary) Septic sore throat

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Bay View Hospital

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H MacGowan, M. D.

6/7/1926 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL June 12 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 11466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-002

E 11466

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. East Ave 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. William P. Batz

(a) RESIDENCE No. 923 S. East ave, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta S. Batz

6 DATE OF BIRTH (month, day, and year) Feb. 25 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) Buffalo. (State or country) N. Y.

PARENTS

10 NAME OF FATHER Phillip D. Batz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Hessinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Augusta S. Batz

(Address) 923 S. East Ave

15 Filed JUN 12 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per MKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1926

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to June 10, 1926, that I last saw h[illegible] alive on June 10, 1926, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C.A. Leupschneider, M. D.

6/11, 1926 (Address) 2439 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL June 14 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates.

N 12 1926

Spec.—1-10-21—M&T—1500 Bks.

E 11467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11467

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Seminary Hospital St. ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Trance

(a) RESIDENCE NO. Della Maryland ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Henry Trance

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Dont Know
(State or country)

14 Informant Laurence Trance
(Address) Della Balto co md

Filed JUN 13 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-8-26 19 ..., to 6-12-26.
that I last saw h~~e~~live on 6-12-26,
and that death occurred, on the date stated above, at 11.45 am

The CAUSE OF DEATH* was as follows:

Prostatic abscess,
tuberculitis & Cystitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cystitis - trauma
& Bronchio-pneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Edwin M. Robertson M. D.

. 19 (Address) Seminary Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Elm — DATE OF BURIAL June 16 1926

20 UNDERTAKER Easton Sons. — ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

Harod.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11468

3 E 11468

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Whatcroft St. 16 Ward)

2-FULL NAME Grace Harod

(a) RESIDENCE NO. 1143 Whatcroft St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School Child

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Harod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eulalia Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Thos Harod 1143 Whatcroft St.

15 Filed JUN 13 1926 C. HAMPSON JONES, M. D., Registrar. Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1926, to June 10th 1926, that I last saw h[illegible] alive on June 10th 1926, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Fu[illegible] Chinn, M. D.

(Address) 924 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct. Co Md

UNDERTAKER Chas James H. Dennis per T. E. Nelson

DATE OF BURIAL June 14 1926

ADDRESS 1303 Pressman St

Grim.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11469

CERTIFICATE OF DEATH

118-001 E 11469

REGISTERED NO.

1-PLACE OF DEATH Dunbar Square Hospital

CITY OF BALTIMORE: (No. ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Grim

(a) RESIDENCE NO. 1202 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily C. Grim

6 DATE OF BIRTH (month, day, and year) Aug 10th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John W. Grim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Emily C. Grim

(Address) 1202 W. Franklin st

JUN 13 1926 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/6, 1926, to 6/11, 1926, that I last saw h in alive on 6/11, 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 6/6/26

Did an operation precede death? Yes Date of Acute Dilatation of Heart

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

Jun 11-26, 19 (Address) Dunbar Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL June 14th 1926

20 UNDERTAKER C. Schlomann & Son ADDRESS 1039 Hanover st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11470
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 11470

REGISTERED NO.

City of BALTIMORE: (No. 2102 E Balto St. 6-2 Ward)

2-FULL NAME Isaac Greenwald

(a) RESIDENCE NO. 2102 E Balto st St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. ds. How long in U. S., if of foreign birth? 35 yrs. — mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M

6 DATE OF BIRTH (month, day, and year) N K.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	—	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr Friedman

(Address) 2102 E Balto st

Filed JUN 13 1926 HAMPSON JONES M.D. Registrar

By RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from January 1926 to June 11, 1926 that I last saw h. alive on June 11, 1926 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. 3 ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac Wohlgemuth, M. D.

6/13 1926 (Address) 18 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd | Date of Burial 6/13 1926

20 UNDERTAKER Hof Ehrlich & Bro | ADDRESS 1127 E Balto st

DO NOT USE THIS SPACE. ABBREVIATIONS ARE PERMISSIBLE EXCEPT. PHYSICIANS SHOULD STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11471

101-001

E 11471

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary Ward 27 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rosa Grauel

(a) RESIDENCE NO. 501 Beaumont Ave., St. Govans, Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6 DATE OF BIRTH (month, day, and year): Dec. 27 1875

7 AGE: Years 50 | Months 5 | Days 16 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant William Grauel

(Address) 501 Beaumont Ave Govans

15 Filed JUN 13 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to June 12, 1926, that I last saw her alive on June 12, 1926, and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) about yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical + autopsy

(Signed) Walter W. Eagle, M. D.

6/12, 1926 (Address) Church Home & Infirmary.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Date of Burial June 15 1926

20 UNDERTAKER: Wm Cook Sons & Estelle ADDRESS

DO NOT ABBREVIATE. Write the name of city or town, and State. GIVE FULL NAMES of deceased, parents, informant, undertaker. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11472 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11472

122-09

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2910 Harford Ave Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace A. Cate

(a) Residence No. 2910 Harford Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edna Johnson Harmon

6-DATE OF BIRTH (month, day and year) Dec 13th 1870

7-AGE. 55 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Sportsman

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Brookline (State or Country), Mass

PARENTS.

10-NAME OF FATHER, Isaac M Cate

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Charlotte Abott

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14- (Informant)..... Isaac Tyrell

(Address)..... Balto Co

15- Filed..... 19.. C. HAMPSON JONES, M. D. Registrar.

JUN 3 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/11/26

17- I HEREBY CERTIFY, That I attended deceased from 2/3 1926, to 6/11 1926

that I last saw him alive on 6/11 1926

and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Regular user of alcohol (Duration) 40 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings

(Signed) Alb Gilchrist M. D.

6/12 1926 (Address) 1400 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Green Mount Cem — DATE OF BURIAL, June 13th 1926

20-UNDERTAKER. Henry H Jenkins Sons — ADDRESS, McCulloh & Orchard Sts

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11473

CERTIFICATE OF DEATH.

100 1801 E 11473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. 54-3 Ward)

2-FULL NAME Thomas McTally

(a) RESIDENCE NO. 1336 Hull St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER: James McTally

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed JUN 13 1926 H. G. HAMPSON JONES, M. D. Registrar

By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to June 10, 1926, that I last saw him alive on June 10, 1926, and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

6/11/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, B.C.

DATE OF BURIAL: 6/14 1926

20 UNDERTAKER: Chas. L. Sterns

ADDRESS: 1501 E. Fort.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11474

CERTIFICATE OF DEATH.

164 E 11474

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2913 Belmont St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Stephen M. Crane

(a) Residence No..... 2913 Belmont Ave St. ..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of May Dobler Crane

6-DATE OF BIRTH (month, day and year) Feb 3, 1842

7-AGE, 84 yrs. 3 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Bailiff 086

(b) General nature of Industry, business, or establishment in which employed (or employer)..... City Court

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md
(State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... "
(State or Country),

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER (city or town)..... "
(State or Country).

14- (Informant) Mary D. Crane

(Address) 2913 Belmont Ave

15- Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar.

DEC 3 1926 Per KK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 11/26

17- I HEREBY CERTIFY, That I attended deceased from abt May 1" 19.26. to June 11" 19.26.

that I last saw h. alive on June 10" abt 19.26.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Contributory Senility & age

No recognizable disease

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Wm B Peden, M. D.

, 19 (Address) Owings Mills, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Green Mount DATE OF BURIAL, June 14, 19.26

20-UNDERTAKER, John Otterbein ADDRESS 1201 W. Fayette St

In plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

11475

HEALTH DEPARTMENT—CITY OF BALTIMORE

11475

CERTIFICATE OF DEATH.

101-6

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sarah ST., 7-1 WARD)

2-FULL NAME Anne Mc Comas

(a) RESIDENCE NO. Johns Hopkins Hospital ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb. 10 1898

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
28	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Oakland Md.
(State or country)

PARENTS

10 NAME OF FATHER Dr A N McComas

11 BIRTHPLACE OF FATHER (city or town) Oakland
(State or country) Md

12 MAIDEN NAME OF MOTHER Anne West

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Dr. H.N. McComas
(Address) [illegible]

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

GN 1 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1926, to June 12, 1926, that I last saw her alive on June 12, 1926, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Johns Hopkins Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) E. Cowles Andrus M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Md	June 14 1926

20 UNDERTAKER John O Stutchell ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11476

CERTIFICATE OF DEATH.

90 E 11476

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Division St., 14-1 WARD)

2-FULL NAME John M. Gantt

(a) RESIDENCE NO. 211 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Carrie M. Gantt

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 90

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Gantt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margt. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Thurman Gantt son

(Address) 211 Division St.

Filed JUN 3 1926, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to June 10, 1926,

that I last saw him alive on June 7, 1926,

and that death occurred, on the date stated above, at 10:40 a. m.

The CAUSE OF DEATH* was as follows:

Heart disease (mitral insufficiency)

about 1 yr. mos. ds. (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? physical signs & symptoms

(Signed) L. F. Shemwell, M. D.

June 11, 1926 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL June 14. 26

20 UNDERTAKER Stan W. Evans & Son

ADDRESS 1100 Madison

INFORMATION SHOULD BE CAREFULLY SUPPLIED. NOT ONLY that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

GN

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11477 — CERTIFICATE OF DEATH. — E 11477

001

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. Maryland General Hospital ST., 11-2 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Samuel~~ Charles Woodrow Croce

(a) RESIDENCE No. 56 John St. ST., Westminster, Maryland WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 24, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	8	19 18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Westminster
(State or country) Md.

PARENTS
10 NAME OF FATHER ~~Samuel~~ Croce
11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)
12 MAIDEN NAME OF MOTHER Mary Ward
13 BIRTHPLACE OF MOTHER (city or town) Westminster Md.
(State or country)

14 Informant Leona Ward
(Address) Westminster Md.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12-1926

17 I HEREBY CERTIFY, That I attended deceased from 6-3-26, 19..., to 6-12-26, 19...,
that I last saw him alive on 6-12-26, 19...
and that death occurred, on the date stated above, at 11:55 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ... yrs. ... mos. 20 ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilitation
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) C. C. Zimmerman, M. D.
19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Deer Park — DATE OF BURIAL 6/16 1926
20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md.

JUN 13 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11478 E 11478

CERTIFICATE OF DEATH.

20-575

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Home for the Aged of the M.E. Church Ward.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Eliza A. Hullidge

(a) Residence No. 400 N. Fulton Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Nov 5 1844

7-AGE. 81 yrs. 7 mos. 7 ds.

If LESS than 1 day, ✓ hrs. or ✓ min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Cecil County Md.

PARENTS.

10-NAME OF FATHER. Buttingham R Powell

11-BIRTHPLACE OF FATHER (City or town)..... (State or Country). Worcester Co. Md.

12-MAIDEN NAME OF MOTHER. Ann Beevers

13-BIRTHPLACE OF MOTHER (City or town)..... (State or Country). Worcester Co. Md.

11-

(Informant). Etta Cuddy

(Address). 400 N. Fulton Ave.

Filed JUN 13 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 12 1926.

17- I HEREBY CERTIFY, That I attended deceased from June 8 1926 to June 12 1926.

that I last saw her alive on June 11 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Paraplegia - Right side

(Duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 2 yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) Geo. Shannon M. D.

6/12 1926 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Olivet

DATE OF BURIAL. June 14 1926

20-UNDERTAKER. George J Smith

ADDRESS 1532 Hollins St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1009 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11479

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 11479

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2725 (St.) Fernwood (Ward) 26-7

2-FULL NAME Herman Marking

(a) RESIDENCE. No. 2725 Fernwood Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1854

7 AGE — Years: 72 | Months: 11 | Days: 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Marking (Address): 2725 Fernwood Ave

15 Filed JUN 13 1926 HAMPSON JONES, Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to June 11, 1926, that I last saw h[illegible] alive on June 11 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Apoplectic

(duration) yrs. mos. 36 hrs. ds.

CONTRIBUTORY (Secondary) Aortic Sclerosis

Diabetes Mellitus (duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. Sadler, M. D.

6/12, 1926 (Address) 3325 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel | DATE OF BURIAL: June 15 1926

20 UNDERTAKER: John C. Miller | ADDRESS: 2100 E Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11480

CERTIFICATE OF DEATH.

179 E 11480

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner + Dukeland ST. 17-E WARD)

2-FULL NAME Mrs. Ida Waitzell

(a) RESIDENCE NO. 405 W. 23rd ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? life yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. A. Waitzell

6 DATE OF BIRTH (month, day, and year): Nov. 25/1878

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47.	6.	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo. R. Chalk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah E. Crosby. 6/12/1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo A. Waitzell
(Address) 405 W. 23 St.

15 Filed JUN 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 6/9, 1926, to 6/12, 1926, that I last saw her alive on 6/12, 1926 and that death occurred, on the date stated above, at 2 o'clock p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

..... (duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

..... (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber, M. D.

(Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem Hampden — DATE OF BURIAL: 6/15/1926

20 UNDERTAKER: J. Walter Davis — ADDRESS: 330 Pine St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11481

CERTIFICATE OF DEATH.

3 E 11481

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 E Fayette ST. 6-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Tiemann

(a) RESIDENCE NO. 2017 E Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? 37 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Tiemann

6 DATE OF BIRTH (month, day, and year) May 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER August Cohrt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Vilumski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr John Tiemann
(Address) 2017 E Fayette St

15 Filed JUN 13 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1926, to June 11, 1926, that I last saw her alive on June 10, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

8 (duration) ..... yrs. — mos. — ds.

CONTRIBUTORY (Secondary) arthritis

(duration) — yrs. — mos. 21 ds.

18 Where was disease contracted, if not at place of death? Visiting at 25 S. Curley St

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) G. E. Roden M. D.

, 19 (Address) 1904 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
1st German Cem	June 14 1926
20 UNDERTAKER	**ADDRESS**
Peter Nicolaus	2923 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11482

CERTIFICATE OF DEATH.

90 E 11482
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. #401 N. Collington Ave. St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Ford

(a) RESIDENCE NO. #401 N. Collington Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 85 yrs. 1 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of late Martha P. Ford

6 DATE OF BIRTH (month, day, and year) May 3rd. 1841

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	85	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Mariner
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Fairmount Somerset Md.

PARENTS

10 NAME OF FATHER Wm. E. Ford
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.
12 MAIDEN NAME OF MOTHER Rebecca
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14
Informant Arthur W. Ford
(Address) #401 N. Collington Ave.

Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar

JUN 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12/26

17
I HEREBY CERTIFY, That I attended deceased from May 1, 19 26 to 6-12, 19 26,
that I last saw h.. alive on 6-12, 19 26,
and that death occurred on the date stated above, at 10 55 A m.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) auricular fibrillation
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Fred Furgeson, M. D.
6-12 19 26 (Address) 1000 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
Fairmount Somerset Co. Md. 6/13 1926

20 UNDERTAKER Philip Herwig
ADDRESS 2016 Orleans

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11483 HEALTH DEPARTMENT—CITY OF BALTIMORE E-11483

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 14-14 ST., 2-1 WARD)

2-FULL NAME Mrs Fannie Stolar

(a) RESIDENCE NO. 2129 N. Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Stolar

6 DATE OF BIRTH (month, day, and year) certain

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Damon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levis (Address) 1439 E Balto St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

JUN 13 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12 1926.

17 I HEREBY CERTIFY, That I attended deceased from 5/10/26, 19..... to 6/12, 19 26 that I last saw h[illegible] alive on 6/12, 19 26 and that death occurred, on the date stated above, at 12.05 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial fatigue (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/9/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Philip Jaworow M. D.

19 (Address) 1 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 6/13 19 26

20 UNDERTAKER D. Jack Levis — ADDRESS 1439 E Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11484

CERTIFICATE OF DEATH.

90 11484
E 11484
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 S Wolf Street St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Guseppa M Giacomizza

(a) RESIDENCE NO. 119 S Wolf Street St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andre A Giacomizza

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country) Italy

PARENTS

10 NAME OF FATHER: Unkown
11 BIRTHPLACE OF FATHER (city or town):
(State or country) Italy
12 MAIDEN NAME OF MOTHER: Unkown
13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Unkown

14 Informant: Jack Lewis
(Address) 1439 E Balto St

15 Filed ..... 19.....
C. HAMPSON JONES M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926
June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June, 1926, that I last saw h[illegible] alive on June 11, 1926, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease (Chronic)
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart
(duration) unknown yrs. mos. ds.

18 Where was disease contracted
If not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) Samuel Silverstein, M. D.
, 19 (Address) 22 S. Bradford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holey Redeemer Date of Burial 6/14 19 26

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 5 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11485

44 11485

E 11485

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5435 Maple Ave., St. 27-7 Ward)

2-FULL NAME Goldie Rodman

(a) RESIDENCE NO. 5435 Maple Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris Rodman

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 65 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Thomas St. Lechtman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Mrs. Rosenbaum

(Address): 5435 Maple ave

15 Filed..... 19..... Registrar

JUN 13 1926 C. HAMPSON JONES M.D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 13th 1926

17

I HEREBY CERTIFY, That I attended deceased from May 3rd, 19 26, to June 13th, 19 26

that I last saw h.. alive on June 10th, 19 26

and that death occurred, on the date stated above, at 6 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Gastric

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Eugene Heagood, M. D.

, 19 (Address) 204 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 6/13 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balto

IMPORTANT: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11486

CERTIFICATE OF DEATH.

E 11486
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Spr.) ST., (Ward)

2-FULL NAME Carvel A. Spurrier (Spurrell)

(a) RESIDENCE No. 162 N. Pine st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	#	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua Spurrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jeane Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed JUN 14 1926 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to June 12, 1926, that I last saw h... alive on June 11, 1926, and that death occurred, on the date stated above, at 8.20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm c Lane Jr. M. D.

6-12, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethany Lutheran

DATE OF BURIAL June 16 19 26

20 UNDERTAKER Easton Sons

ADDRESS Elliott City

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11487

E 11487

12/9/1487

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline + Oliver St. 10-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Deise

(a) RESIDENCE NO. 1631 Asquith St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Deise

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed by 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Deise

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs. Mary Deise
(Address) 1631 Asquith St

15 Filed ..... 19.....
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to June 12, 1926, that I last saw h. alive on June 12, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. M. Rhodes, M. D.

May, 1926 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL June 15 1926

20 UNDERTAKER Henry Hoech Son — ADDRESS 1301 E Eager St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 4 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

58 - 001488

E 11488

CERTIFICATE OF DEATH.

E 11488

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 Quick Ave. St. Gardenville 26. 2 Ward)

2-FULL NAME Mary E. Spahn

(a) RESIDENCE NO. 26 Quick Ave St., ... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? Sp yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. F. Spahn

6 DATE OF BIRTH (month, day, and year) November 1st 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Hessler

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Anna La. Roche

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mr. Geo. F. Spahn
(Address) 26 Quick Ave.

15 Filed JUN 14 1926, 19 .....
C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1925, to June 12 1926,

that I last saw h alive on June 12, 1926,

and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Brunk, M. D.

6/13/26 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 15th 1926
20 UNDERTAKER	ADDRESS
Henry Storm Son	1401 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11489 46 **E 11489**

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 N. Chester ST. 8-3 WARD)

2-FULL NAME Katherine Reed

(a) RESIDENCE NO. 1320 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Reed.

6 DATE OF BIRTH (month, day, and year) Apr. 8 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Anton Suter

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Patterson

13 BIRTHPLACE OF MOTHER (city or town) Germ (State or country) Pa

14 Informant Wm. George A. Reed
(Address) 1320 N. Chester St

15 Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1 1926 to June 11 1926.
that I last saw her alive on June 10 1926
and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis
Carcinoma of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. Lee Thurston M. D.

JUN 12 1926, 19 (Address) 800 N. Dutch Alley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 14 1926
20 UNDERTAKER	**ADDRESS**
Henry Kerck & Sons	1301 E. Eager

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11490

CERTIFICATE OF DEATH.

100-001 E 11490

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Young

(a) RESIDENCE NO. 3617 Maple Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓ ✓

6 DATE OF BIRTH (month, day, and year): Aug 31 1910

7 AGE: Years 15 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Fred D. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha E Imhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Fred D. Young

(Address) 3617 Maple Ave

15 Filed JUN 4 1926 19 C. HAMPSON JONES, M. D. Registrar

by ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 - 13 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10th, 1926, to June 13th, 1926,

that I last saw her alive on June 13th, 1926,

and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theron Hunter, M. D.

6-13 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: June 16, 26

20 UNDERTAKER: Chenoweth Sons — ADDRESS 3617 Chestnut Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11491

CERTIFICATE OF DEATH.

38

E 11491
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 301 E. Lanvale St. 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hospital? Hopkins

(a) RESIDENCE NO. 301 E. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 10 1926

7 AGE: Years — Months: 2 mos — Days: 22 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country):

PARENTS

10 NAME OF FATHER: Don Mather

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Fort Benn

12 MAIDEN NAME OF MOTHER: Gertrude Bowman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: John Hopkins

(Address)

15 Filed ..... 19 C. THOMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

from birth - Duration

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) None

(duration) .....yrs. .....mos. .....ds.

(Signed) W. C. Riley M. D.
(Coroner)

June 13, 1926 (Address) 1687 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden Date of Burial June 14 26

20 UNDERTAKER: Chenoweth Son ADDRESS 3617 Chestnut Ave

GIVE FULL NAME, WITH CHRISTIAN NAME—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11492

E 11492

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1308 Hallins St. 19-1 Ward)

2-FULL NAME Margaret Hayes

(a) RESIDENCE NO. 1308 Hallins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Unknown 1876

7 AGE: Years 50; Months —; Days —; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Patrick

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mason

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Mr. Margaret Hayes

(Address): 1308 Hallins St

15 Filed 19 C. HAMPSON JONES, M.D. Registrar

JUN 14 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to June 12, 1926

that I last saw h-d alive on June 12, 1926

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pyloric obstruction

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Leo Lampl, M. D.

6-13-1926 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial June 14 1926

20 UNDERTAKER: Chas. J. Gorman & Son

ADDRESS: 901 Park Ave

Rec'd J. J. Gorman

IMPORTANT. WRITE PLAINLY with pen and ink. Answer EVERY question. Where information is not known, write "unknown." Where question is inapplicable, write "none." PHYSICIANS should be careful to report all facts required, and should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11493

CERTIFICATE OF DEATH.

E 11493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 817 Power St ST., 13-4 WARD)

2-FULL NAME Charles E. Evans

(a) RESIDENCE NO. 817 Power St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara V. Evans

6 DATE OF BIRTH (month, day, and year) Aug 25-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plaster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Melvin Evans

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Sarah E. Mayhew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md

14 Informant Mrs Clara V. Evans

(Address) 817 Power St

15 Filed JUN 14 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 11, 1926, to June 11, 1926.

that I last saw him alive on June 10, 1926,

and that death occurred, on the date stated above, at 7 P.M., m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 2 mos 12 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) Indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) [illegible], M. D.

, 19 (Address) 818 St 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL June 14 1926

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Fait Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11494 — CERTIFICATE OF DEATH. — **E 11494**

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apartments (312) St. Paul and 31st STS.) 12 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Belle Cromie

(a) RESIDENCE. No. Hopkins Apartments 312 St Paul and 31st STS. 12 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, ~~or divorced~~ (or) WIFE of Isaac Cromie

6 DATE OF BIRTH (month, day, and year) Jan 18, 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisville Kentucky, U.S.A.

PARENTS

10 NAME OF FATHER Samuel Fitch Cornell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna, U.S.A.

12 MAIDEN NAME OF MOTHER Elizabeth Downing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.A.

14 Informant (Address) E. W. Johns M.D. 3014 St Paul St

15 Filed . 19 C. HAMPSON JR. M.D. Registrar

Dis't Railroad Express T. H. Marsh

JUN 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1926, to June 12 1926, that I last saw her alive on June 11, 1926, and that death occurred, on the date stated above, at 4.05 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Intra-ventricular cerebral haemorrhage (duration) 0 yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus E. Johns M. D.

6/17 1926 (Address) 3014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cave Hill Cem., Louisville Ky.	6/14 1926

20 UNDERTAKER Henry U. Mears and Son ADDRESS 805 E. Calvert

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1927 6 | E 11495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-002 Ped

E 11495

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elaine Harrick

(a) RESIDENCE NO. 1012 Carlton St. ST. Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 20/1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9 mos.	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER George Hall

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Elaine Harrick

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to June 11, 1926, that I last saw her alive on June 11, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Peri-pharyngeal abscess

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6/11/26

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Ant Jacobsen, M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ant Jacobsen	June 14/1926
20 UNDERTAKER Leam Carter	ADDRESS 916 Pa Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11496 — 1-PLACE OF DEATH

90 E 11496 — REGISTERED NO.

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Edwards

(a) RESIDENCE NO. 1130 Penn. Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862.

7 AGE: Years 64 yrs. Months Days If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Pope Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Harriett —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed JUN 14 1926 By C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926, to June 11, 1926 that I last saw him alive on June 11, 1926, and that death occurred, on the date stated above, at 7:10 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

6/11, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 14 1926

20 UNDERTAKER: Adam Eaton — ADDRESS: 916 Druid

N. B.—WRITE PLAINLY, WITH PEN AND INK. THIS IS A PERMANENT RECORD. EVERY item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11497

CERTIFICATE OF DEATH.

E 11497

REGISTERED NO. 15901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST., 9-4 WARD)

2-FULL NAME Baby Smith.

(a) RESIDENCE NO. 2411 Greenmount Ave WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/12/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) France (State or country)

12 MAIDEN NAME OF MOTHER Agnes Haynes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant St Josephs Hospital (Address)

15 Filed ... 19 ... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/12, 1926, to 6/12, 1926, that I last saw h[illegible] alive on 6/12, 1926 and that death occurred, on the date stated above, at 7.05 p m.

The CAUSE OF DEATH* was as follows:

Interna hydrocephalus.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Arnold Renson, M. D.

6/12, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL June 14 1926

20 UNDERTAKER Chas. D. Black — ADDRESS 742 W. North ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11498 •

CERTIFICATE OF DEATH.

11-802 X 11-1 E 11498

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 75-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Henry Anders

(a) RESIDENCE No. Thurmont Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie E. Anders

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Woodsboro Md.

PARENTS

10 NAME OF FATHER: Thomas Anders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emilia Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Woodsboro Maryland

14 Informant: Mrs Stanley Daugherty

(Address) Thurmont Md.

JUN 14 1926

H. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1926

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to June 13, 1926,

that I last saw h[illegible] alive on June 13, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Perforation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Partial

What test confirmed diagnosis? Autopsy

(Signed) Theron Hunter, M. D.

6/13 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Thurmont Md.

DATE OF BURIAL: June 14 1926

UNDERTAKER: Chas. G. Black

ADDRESS: 742 No. North ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Macken

E 11499

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 11499

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 26-2 WARD)

2-FULL NAME Mrs. Louisa Macken

(a) RESIDENCE NO. Norwood & Fioga ave Woodlawn Ind. Howard Pk. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H macken

6 DATE OF BIRTH (month, day, and year) Nov 19-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Balthasar Seibel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Klinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs B. L. Macken Norwood & Fioga ave Howard Park

15 Filed JUN 14 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 11, 1926, that I last saw h alive on June 11, 1926, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio vascular disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. T. Boyd M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olive Cemetery

DATE OF BURIAL June 14 1926

20 UNDERTAKER Robt J Turner

ADDRESS 1442 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—12-9-25—[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

11500

CERTIFICATE OF DEATH.

31 ✓

REGISTERED NO. E 11500

E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 135 E Biddle Head St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas M Johnson

(a) RESIDENCE NO. 135 E Biddle Head St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Pearl Johnson

6 DATE OF BIRTH (month, day, and year): Sept 14 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36.	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schaffer

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: John H. Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Kate Andrews

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Pearl M. Johnson

(Address) 231 Keyworth Ave

Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to June 12, 1926, that I last saw h[illegible] alive on June 12, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Bronchial asthma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Mihalyo, M. D.

June 13 1926 (Address) 1279 Hillman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial June 15 1926

20 UNDERTAKER: Rolf J Turner Sons ADDRESS 1442 N Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEP[illegible] CITY OF BALTIMORE

E 11501

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

45 E 11501

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Church Home & Infirmary St., _____ Ward)

2-FULL NAME Mr. Jacob H. Meijer

(a) RESIDENCE NO. 837 N. Fulton Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth T. Meijer

6 DATE OF BIRTH (month, day, and year): Feb 16-1891

7 AGE — Years: 35 — Months: 3 — Days: 26 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Certified

(b) General nature of industry, business, or establishment in which employed (or employer): Public Acct

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Batavia East Indies

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Elizabeth T. Meijer

(Address) 837 N. Fulton Ave

15 Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

JUN 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23 1926 to June 11, 1926, that I last saw him alive on June 11, 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ____ yrs. ____ mos. 4 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of 4/7/26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Herbert S. Porterfield, M. D.

6/11/1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Cemetery Date of Burial June 14 1926

20 UNDERTAKER: Chas. E. Franck ADDRESS 832 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—[illegible] IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11502

CERTIFICATE OF DEATH.

90

E 11502

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2214 E Lanvale St., 8 Ward)

2-FULL NAME Wilhelm A. Stracht

(a) RESIDENCE NO. 2214 E Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Olga Stracht

6 DATE OF BIRTH (month, day, and year): June 10th 1873

7 AGE: Years 53 Months Days 1 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Wilhelm Stracht

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Wilhelmina Jolke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Olga Stracht

(Address) 2214 E Lanvale St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 11. 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20nd, 1926, to June 11, 1926, that I last saw him alive on June 11, 1926, and that death occurred, on the date stated above, at 12.40 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial of Mitral Valve

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Dropsy (Anasarca)

(duration) — yrs. 1 mos. 15 ds.

18 Where was disease contracted no

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) ..... M. D.

, 19 (Address) 100 W. Lafayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial June 14th 1926

20 UNDERTAKER: Leo D. Cook ADDRESS 1723 Pratt St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11503

CERTIFICATE OF DEATH.

129 ✓ **E 11503**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 S. Ann ST. 7-3 WARD)

2-FULL NAME Malenty Hepner

(a) RESIDENCE NO. 516 S. Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eufemia Hyeh.

6 DATE OF BIRTH (month, day, and year) February 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67.	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Michael Hepner

(Address) 641 S. Ann St.

15 Filed JUN 14 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from February, 1926, to June, 1926, that I last saw h.. alive on June 10, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Rigor mortis

(Signed) F. M. Vilella M. D.

. 19 (Address) 1744 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	June 15 1926
20 UNDERTAKER	**ADDRESS**
John M Weber	1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 11504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Fernwood Ave. ST. 26-6 WARD)

2-FULL NAME Michael . Jaworski

(a) RESIDENCE NO. 3601 Fernwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

101-001 E 11504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rozalia . Jaworski

6 DATE OF BIRTH (month, day, and year) Sep. 15 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	8	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stable Man

(b) General nature of industry, business, or establishment in which employed (or employer) Erricson Transfer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Geo. Jaworski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ida. Isdebska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Rozalia. Jaworski

(Address) 3601 Fernwood Ave.

Filed JUN 14 1926 By R.A. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11/1926

17

I HEREBY CERTIFY, That I attended deceased from May 31 .19 26. to June 11, .19 26.

that I last saw him alive on June 11 .19 26.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromshas, M. D.

6-14-1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL June 15 1926

20 UNDERTAKER Wm M Weber ADDRESS 803 Bank St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11505

CERTIFICATE OF DEATH.

74-001 E 11505

REGISTERED NO._____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 657 Stirling St. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Nichols

(a) RESIDENCE NO. 657 N. Stirling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: James B Nichols

6 DATE OF BIRTH (month, day, and year): May 10 1871

7 AGE — Years: 55 — Months: 1 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Mathews County

(State or country) Virginia

PARENTS

10 NAME OF FATHER Theodore Morris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Louise Morris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant: Cora Hawkins

(Address): 657 N. Stirling

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JUN 14 1926

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30 1926 to June 11 1926, that I last saw h.. alive on June 10 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

[illegible] Pulmonary Edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia 1 yrs

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. S. Belben M. D.

6-12 1926 Address 508 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. — Date of Burial: 6/14 1926

20 UNDERTAKER: Byron & Wright. — ADDRESS 1218 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

E 11506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 11506

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Fait Ave. ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph D. Finnerty

(a) RESIDENCE NO. 2421 Fait Ave. ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Finnerty

6 DATE OF BIRTH (month, day, and year) April 30-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pattern maker.

(b) General nature of industry, business, or establishment in which employed (or employer) Central Foundry.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER William Finnerty

11 BIRTHPLACE OF FATHER (city or town) Balto Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Cross.

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country) Md.

14 Informant Frances Finnerty (Wife)

(Address) 2421 Fait Ave.

15 Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7th, 1926, to June 12th, 1926, that I last saw him alive on June 11th, 1926, and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Wiesner, M. D.

6-14, 1926 (Address) 308 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
R.C. St. Stanislaus Cem.	June 15th 1926
UNDERTAKER	ADDRESS
Kelly & Fuller	408 S. Wolfe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

185

E 11507

CERTIFICATE OF DEATH.

E 11507
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L. Hensler

(a) RESIDENCE NO. 3407 O'Donnell St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 030
(c) Name of employer Equit Oil C

9 BIRTHPLACE (city or town)
(State or country) Balto City

PARENTS
10 NAME OF FATHER Robert Hensler
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto City
12 MAIDEN NAME OF MOTHER Anne Jubb
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto City

14 Informant Anna Webb
(Address) 3407 O'Donnell St

Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture L Parietal & temporal bones by fall from 2nd story window Accident (duration) 2 yrs. 3 mos. 3 hrs
CONTRIBUTORY (Secondary) Hemiplegia
3 hrs (duration) mos. 3 ds.

(Signed) James M Fenton M. D.
(Coroner)
614 19 (Address) 700 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 3 yrs. 6 mos. 1/2 da. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 3407 O'donnell St
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Date of Burial June 14th 1926

20 UNDERTAKER Lilly & Seiler ADDRESS 4038 Wolfe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11508

CERTIFICATE OF DEATH.

129

E 11508

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N Bond. ST. 8-2 WARD)

2-FULL NAME Mary agnes Lannon

(a) RESIDENCE NO. 1822 N. Bond. ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? 64 yrs. 10 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) about Aug. 7. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
about	64	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Terrence Lannon

11 BIRTHPLACE OF FATHER (city or town) Ireland. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Harding.

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Ella. Lannon (Sister)

(Address) 1822 N. Bond St

15 Filed JUN 14 1925, 19.... C. HAMPSON JONES, M. D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 12, 1926, that I last saw her alive on June 11, 1926, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
Myocarditis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine Tests

(Signed) Thos. F. G. Stevens, M. D.

6/12 1926 (Address) 2878 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL June 13 1926.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS 108 W. NORTH AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11509

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 W Barre St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Braxton

(a) Residence No. 13 W Barre St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 10 '26

7-AGE. ....yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) col
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Heyward Braxton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lillian Christian

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Heyward Braxton
(Address) 13 W. Barre st

15- C. HAMPSON JONES, M. D. Registrar.

JUN 14 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 12 '26

17- I HEREBY CERTIFY, That I attended deceased from June 8 1926 to June 12 1926 that I last saw h.. alive on June 12 1926 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Autointoxication

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) D Hamvel M. D.

6/14 1926 (Address) 126 W Hill

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Zion Ct	June 14 1926

20-UNDERTAKER, J L Brown & Son ADDRESS 108 N. Mond St

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11510

CERTIFICATE OF DEATH.

129 E 11510

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2203 Roslyn Ave St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Annie Eliza Stewart

(a) Residence No. 2203 Roslyn Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Maiden

6-DATE OF BIRTH (month, day and year) April 15th 1839

7-AGE. 87 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ✓ min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Columbus J. Stewart

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Washington, D.C.

12-MAIDEN NAME OF MOTHER. Mary Elanor Weibel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Philadelphia Pa.

14- (Informant) Joseph F. Heller

(Address) 2203 Roslyn ave

15- JUN 14 1926 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 13-1926

17- I HEREBY CERTIFY, That I attended deceased from June 11 1926 to June 13 1926

that I last saw h.er alive on June 12 1926

and that death occurred, on the date stated above, at. 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ✓ yrs. ✓ mos. 3 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual methods

(Signed) George C. Shannon M. D.

6/13 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	June 15 1926
20-UNDERTAKER.	ADDRESS
George J. Smith	1534 Hollins St

NAME EARNED WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 10-21—M&T—1500 Bks.

92098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11511

CERTIFICATE OF DEATH.

49 E 11511

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 8-1 WARD)

2-FULL NAME Ernest Cookerly

(a) RESIDENCE NO. 2854 Mayfield Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina —

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: 38 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED: Railway Employee

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): Penn R.R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. —

PARENTS

10 NAME OF FATHER: George Cookerly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eliz. Clafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... JAMES ..... M. D. Registrar

JUN 14 1926

K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19th, 1926, to June 12th, 1926, that I last saw h[illegible] alive on June 12th, 1926, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of testicle and of nerve plexuses, Larynx - with skin metastases

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Secondary staphylococcus infection on the metastases ulceration (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Biopsy + autopsy

(Signed) E. Cowles Mateer M.D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — DATE OF BURIAL: June 15, 1926

20 UNDERTAKER: John Merrick — ADDRESS: 2005 Eutaw

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11512

CERTIFICATE OF DEATH.

161-002

REGISTERED NO. E 11512

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rice

(a) RESIDENCE NO. 10 N. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Sep yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-12-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Isadore Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Rosenfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isadore Rice (Address) 10 N. Clinton St.

15 Filed JUN 14 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 14, 1926, that I last saw h alive on June 14, 1926 and that death occurred, on the date stated above, at 5:25 A m.

The CAUSE OF DEATH* was as follows:

Intra cranial Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mercy Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holbrook Rosendale — DATE OF BURIAL 6/14 1926

20 UNDERTAKER Jacob Lewis ADDRESS 1909 E. Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 11513 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11513

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Erdman ave ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Richmond

(a) RESIDENCE NO. 2600 Erdman ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (~~HUSBAND of~~ or) WIFE of Arnold Walker Richmond

6 DATE OF BIRTH (month, day, and year) Feb 17 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Ireland

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm W. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Arthur S Richmond

(Address) 2602 Erdman ave

15 C. 19 HAMPSON JONES, M. D. Registrar.

Per AHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 13, 1926.

that I last saw her alive on June 13, 1926,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

6/13/26 (Address) 4702 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL June 15 1926

20 UNDERTAKER George Schilling & Sons

ADDRESS 1124 Greenmount Ave

JUN 14 1926

mation should be carefully supplied.—AGE should be stated EXACTLY. PHYS... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 11514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11514

CERTIFICATE OF DEATH.

STILL BIRTH NO. 161-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Gilmor ST., 15-13 WARD)

2-FULL NAME Baby Grant

(a) RESIDENCE NO. 1622 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1926

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Angie Rhoda Tate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant

(Address)

15 Filed JUN 14 1926, 19 C. HAMPSON JONES, M. D. Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 12, 1926, that I last saw her alive on June 12, 1926, and that death occurred, on the date stated above, at 4 15 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Novey, M. D.

, 19 (Address) 1707 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11515

CERTIFICATE OF DEATH.

90 E 11515

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS K-3

CITY OF BALTIMORE: (No. [redacted] ST., [redacted] WARD)

2-FULL NAME John T. Gibbons

(a) RESIDENCE NO. 808 Platt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Wm Gibbons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Gibbons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Baltimore City Hospitals (Address) Records

15 JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10. 1926. to June 11. 1926.

that I last saw him alive on June 11. 1926.

and that death occurred, on the date stated above, at 10:30P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Pullen M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patricks Cem. Norristown Pa. DATE OF BURIAL June 14 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Calvert St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11516

CERTIFICATE OF DEATH.

185

E 11516

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt Hospital St. H-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wilson

(a) RESIDENCE NO. Not Known St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fayetteville

(State or country) N C

PARENTS

10 NAME OF FATHER Unknown Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant L.O.O.M. Home.

(Address) Fayette St.

15 Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

Per AAH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Fall

Fract of Skull

(duration) hrs. mos. 1 ds.

CONTRIBUTORY Shock

(Secondary)

(duration) hrs. mos. 1 ds.

(Signed) G C Hatty M. D.

June 11/26, 19 (Coroner) (Address) 1043 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn. Date of Burial 6/14/26

20 UNDERTAKER Harry A Fitzke ADDRESS 531 W Lombard

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11517

E 11517

CERTIFICATE OF DEATH.

REGISTERED NO. C 123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6237 York Road St.; 27-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Hampson

(Residence in Baltimore: No. 6237 York Road St.; 60 yrs., 8 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 24 (Day), 1865 (Year)

7-AGE, 60 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Builder

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Joseph Hampson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Margaret Harvey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charity B. Hampson

(Address) 6237 York Rd.

15- Filed JAN 4 1926, 192.., C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12th (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby. 1926, to June 12 1926, that I saw him alive on June 12 1926, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) 1 yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Gall Bladder Adhesions (Duration) 4 yrs. ... mos. ... ds.

(Signed) Harold C. Gillsbury M. D.

6/14, 192.6 (Address) 31 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, June 15, 192.6

20-UNDERTAKER John B. Spence

ADDRESS 1325 N. Carolina St.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

(Guarino) (Guarino)

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11518

CERTIFICATE OF DEATH.

E 11518

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 402 S Peters St. 3-1 Ward)

2-FULL NAME Victoria Guarino

(a) RESIDENCE NO. 402 S Peters St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 0 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Guarino

6 DATE OF BIRTH (month, day, and year): October 6. 1852.

7 AGE — Years: 63. Months: 8 Days: 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Work at home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Italy

PARENTS

10 NAME OF FATHER Charles Gabriel

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Italy

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Italy

14 Informant Theresa Alfetta

(Address) 402 S Peters St.

15 Filed JUN 14 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26.

June 11,

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to June 11, 1926, that I last saw her alive on June 10, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. L. Passano, M. D.

6.14. 1926 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: June 1926.

20 UNDERTAKER: Wendel Angel & Son ADDRESS: 37 S. Eutaw St.

B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11519

CERTIFICATE OF DEATH.

90 E 11519

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., Ward)

2-FULL NAME Mrs. Mary Elizabeth Anger

(a) RESIDENCE NO. Church Home & Infirmary St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed ~~Divorced~~

5a If married, widowed, or ~~divorced~~ ~~HUSBAND OF~~ (or) WIFE of Valentine J. Anger.

6 DATE OF BIRTH (month, day, and year) Oct. 21-1840

7 AGE: Years 85 | Months 7 | Days ✓✓ | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Talbot Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Seymour.

11 BIRTHPLACE OF FATHER (city or town) Talbot Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Mackey.

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co.

(State or country) Md.

14 Informant Charles W. Cooper. Son

(Address) 1914 N. Washington St.

15 Filed ..... HAMPSON JONES, M. D. Registrar

2 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1926

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1925, to June 13, 1926, that I last saw h.er. alive on June 13, 1926, and that death occurred, on the date stated above, at 7 40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) H. C. Smith, M. D.

6/13, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — Date of Burial: June 15 1926

20 UNDERTAKER: Myers & Jones Inc — ADDRESS: 4th & Broadway

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statement very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE — E 11520

B 11520

CERTIFICATE OF DEATH.

X 135

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Frank Howell

(a) RESIDENCE NO. West Palm Beach ST., Fla. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month) Unknown Abt. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Care taker

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn -

PARENTS

10 NAME OF FATHER Seth Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn -

12 MAIDEN NAME OF MOTHER Nancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn -

14 Informant Ricardo

(Address) Johns Hopkins Hospital

JUN 14 1926

C. HAMPSON JONES, M. D. Registrar

Per AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to June 14, 1926.

that I last saw him alive on June 14, 1926.

and that death occurred, on the date stated above, at 9 05 a.m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) ? 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of June 11 '26

Was there an autopsy? Yes.

What test confirmed diagnosis? Radical operation

(Signed) Winfield W. Scott M. D.

, 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL 6/15/26

20 UNDERTAKER Joseph Lahrens

ADDRESS 221 Aug

N 14 1926

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS STATEMENT MUST BE ACCURATE AND COMPLETE. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11521

CERTIFICATE OF DEATH.

E 11521

118 001

REGISTERED NO. 94

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST. Baltimore WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Childs

(a) RESIDENCE NO. 3419 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of Mr. Childs

6 DATE OF BIRTH (month, day, and year) July 8-1863

7 AGE: Years 63 | Months 11 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HW. 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Franklin Abrams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Mary Mehringer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Patient (Address)

15 Filed JUN 15 1926 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 13, 1926, that I last saw her alive on June 13, 1926, and that death occurred, on the date stated above, at 10:00 p.m.

The CAUSE OF DEATH* was as follows:

Left Indirect Inguinal Hernia Incarcerated - Diverticulitis, High Blood Pressure (duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. 10 days mos.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 6/12/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Emerson, M. D.

19 (Address) Mayfield General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: June 16 1926

UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11522 X 124 E 11522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) 33rd & Calvert St (ST.) 12-1 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frederick Ritz

(a) RESIDENCE NO. Park Place, Newark Del ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15. ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Frederick Ritz

6 DATE OF BIRTH (month, day, and year) Aug 13, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work business 045

(b) General nature of industry, business, or establishment in which employed (or employer) paper maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Sebastin Ritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Thomas Ingham.
(Address)

15 Filed JUN 15 1926 W. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 15, 1926

that I last saw him alive on June 15, 1926

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Obstruction to the common biliary duct by stone.

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) anhydremia and athrepsia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of June 3, 1926

Was there an autopsy? no.

What test confirmed diagnosis? Operation & lab. methods

(Signed) Fowler R Smith Jr., M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark Del. DATE OF BURIAL June 15 1926

20 UNDERTAKER John. O. Mitchell ADDRESS 201 W. Fayette st.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11523

CERTIFICATE OF DEATH.

E 11523

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2051 Bank St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Beran

(a) RESIDENCE NO. 2051 Bank St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 13 26

7 AGE — Years: — Months: 3 Days: 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Beran

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: M. Cwik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: John Beran

(Address): 2051 Bank St

15 Filed....., 19.... C. HAMPSON JONES, M. D.

Registrar

By RK

JUN 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12 26, to June 13 26

that I last saw h.. alive on June 13 26

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilat.

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Krause, M. D.

(Address) 801 N. Eleven St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: June 15 1926

20 UNDERTAKER: F. W. Ozazewski — ADDRESS: 1930 Eastern Ave

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 11524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11524

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH: Pronounced dead at St. Joseph Hospital

City of BALTIMORE: (No. ____ St., 12-3 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Harry Woods

(a) RESIDENCE NO. 207 E 23rd St. ____ Ward. Towson Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General natnre of industry, business, or establishment in which employed (or employer): Buick Garage

(c) Name of employer

9 BIRTHPLACE (city or town) ____ (State or country) Maryland

PARENTS

10 NAME OF FATHER: William Woods

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Md.

12 MAIDEN NAME OF MOTHER: Georgia Quickly

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Md.

14 Informant: Walter Wood (Bro)

(Address) 125 Chesnut Ave Towson Md

15 Filed JUN 15 1926 19 C. HAMPSON JONES, M. D. Registrar

Per ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot thru heart & lung.

Homicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ____ (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Watkins M. D. (Coroner)

6/14/26 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Jun 15 1926 Date of Burial

20 UNDERTAKER: Foley Bros Sons ADDRESS Towson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11525 — 27 E 11525

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 3417 Greenmount Ave St.; 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME MARY ELIZABETH DAVIS

(Residence in Baltimore: No. 3417 Greenmount Ave St.; 63 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female — 4-COLOR OR RACE, White — 5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, October 8, 1863 (Month) (Day) (Year)

7-AGE, 63 yrs. 8 mos. 6 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md,

PARENTS.

10-NAME OF FATHER, John F. Furney

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Emma Langley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie V. Mulligan

(Address) 3417 Greenmount Ave.

15- JUN 15 1926

H. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY That I attended deceased from June 1925, to June 14 1926, that I saw her alive on June 14 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Dementia

(Duration) ....yrs. 10 mos. ....ds.

(Signed) John Ruthrauff M.D.

June 15, 1926 (Address) 3524 Integrity

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dallas Cem — DATE OF BURIAL, June 17, 1926

20-UNDERTAKER, Geo. W. Lisle — ADDRESS, 1700 Edmondson

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 11526

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 11526

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1202 Race St. St., 231 Ward)

2-FULL NAME John Wilds.

(a) RESIDENCE NO. 1202 Race St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. ------ mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower

5a If ~~XXXXX~~ widowed, or ~~XXXXXX~~ HUSBAND of (~~XXXXXXX~~ Sarah Wilds.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Federal Transfer Co.

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Charles Swope.

(Address) 121 Beverly St.

Filed JUN 5 1926 C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of an Aortic Aneurism.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto A. Reinhardt M. D.

(Coroner)

6/14, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, A. A., Co. Date of Burial Jan. 15 1926

20 UNDERTAKER Chas. L. Slevin ADDRESS 1501 E Fort Ave

A. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11527

CERTIFICATE OF DEATH.

129 E 11527

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4300 Ridgewood Ave St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Sherman

(a) RESIDENCE NO. 4300 Ridgewood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip B Sherman

6 DATE OF BIRTH (month, day and year): estimated

7 AGE: Years 50 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Bernard Levin

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Levin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Philip B Sherman

(Address) 4306 Ridgewood Ave

Filed ....., 19.....

C. HAMPSON JONES, M. D.

Registrar

JUN 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

6-14-26

17

I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to June 14, 1926, that I last saw h[illegible] alive on June 14, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension - Chronic Interstitial Nephritis

(duration) 3-4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation 1 hr

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis - B. Pressure

(Signed) D. J. Robert, M. D.

6/15, 1926 (Address) 1300 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rm

Date of Burial: 6/15 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1489 Gilmor St

N. B.—WHETHER PLAIN, WITH CAPABLE INFORMANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Bliveas

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001

E 11528

CERTIFICATE OF DEATH.

E 11528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Aged Home

City of BALTIMORE: (No. 121 Augusta St. 23-2 Ward)

2-FULL NAME Morris Bliveas

(a) RESIDENCE NO. 29 E. Randall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Bliveas

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 75 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant Aaron Bliveas

(Address) 1434 E Balto St

Filed JUN 15 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 10th, 1926, to June 14th, 1926, that I last saw him alive on June 13th, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Lehman, M. D.

6-14, 1926 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 6/16 19 26

20 UNDERTAKER: Jack Levis — ADDRESS 1439 E Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11529

CERTIFICATE OF DEATH.

90 E 11529

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Wallbrook Ave ST. 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Flashman

(a) RESIDENCE No. 2022 Wallbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Flashman

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hirsh 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Flashman

(Address) 2022 Wallbrook Ave

15 Filed JUN 15 1926 19 C. HAMPSON JONES, M. D. Per RSL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-8 , 1926, to 6-15 , 1926.

that I last saw her alive on 6-15 , 1926

and that death occurred, on the date stated above, at 12 55 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio-renal disease.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

DATE OF BURIAL 6/15 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1403 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 11530

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

E 11530

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., 19-2 WARD)

2-FULL NAME Edna Corell

(a) RESIDENCE NO. 1624 McHenry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George L. Corell

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha White Ford

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant George L. Corell

(Address) 1624 McHenry St

Filed JUN 15 1926 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to June 14, 1926, that I last saw her alive on June 14, 1926, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Dysentary —

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Edw. H. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore, Md.

DATE OF BURIAL June 16 1926

UNDERTAKER John J. Loewan & Son Per F. J. Loewan

ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11531

CERTIFICATE OF DEATH.

105 E 11531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Riggs Ave ST., 16-3 WARD)

2-FULL NAME Nicholas Washburn

(a) RESIDENCE NO. 2835 Riggs Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Washburn

6 DATE OF BIRTH (month, day, and year) June 16 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 67

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER John T. Washburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Maguire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Alice Washburn (Address) 2835 Riggs Ave

15 Filed JUN 16 1926 19 C. MARSHALL JONES, M. D. Per RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1924 to June 14, 1926

that I last saw h alive on June 14, 1926

and that death occurred, on the date stated above, at 3 40 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) 5 yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Olga Esten

(Signed) John A. Hartland M. D.

6/15, 1926 (Address) 1219 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL June 17 26

UNDERTAKER Los Jourdens Son

ADDRESS 217 S. B-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 11532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11532

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3614 Greenmount St., 17-1 Ward)

2-FULL NAME John O. Albaw

(a) RESIDENCE NO. 3614 Greenmount St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Albaw

6 DATE OF BIRTH (month, day, and year) Sept. 1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Eli Albaw

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Hanna Shaffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Martha Albaw

(Address) 3614 Greenmount Rd

15 Filed ..... 19 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to June 13, 1926, that I last saw h... alive on June 12, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY Chronic Endocarditis

(Secondary) Arteriosclerosis, Chronic Nephritis

(duration) ....yrs. 2 mos. ....ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Mackin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltes Forest Cem Jun 17 1926

20 UNDERTAKER ADDRESS

E L Roy-Stiffler 1338 E. North Ave

Jul 5 1926

Notice.—Physicians are requested to fill out this blank with care. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 11533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-201

E 11533

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 12-2 WARD)

2-FULL NAME Elizabeth Eaton,

(a) RESIDENCE No. 208 W. 27th Street. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Eaton

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1863 ~~1864~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James D. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan Swinney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed JUN 15 1926 C. HAMPTON JONES, M. D. Registrar

per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1926, to June 14, 1926, that I last saw her alive on June 13, 1926 and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Acute Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arterio Sclerosis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Mary Goldsmith M. D.

6/14/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Antioch M. E. Ch

DATE OF BURIAL 6/16 1926

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fay

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11534

CERTIFICATE OF DEATH.

118-001

E 11534

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hos. (St.) 9-3 (Ward)

2-FULL NAME Luke Clark.

(a) RESIDENCE NO. 3209 Independence St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Cecelia Clark

6 DATE OF BIRTH (month, day, and year) 11-10-1861

7 AGE 64 Years | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor. 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER Hugh Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. McNulty

(Address) 3209 Independence

15 Filed JUN 15 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-1926

17

I HEREBY CERTIFY, That I attended deceased from 6-8-, 1926, to 6-14-, 1926, that I last saw him alive on 6-14-, 1926 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Bilateral Hernia - adhesions)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial failure.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Laparotomy for intestinal obstruction Date of 8/9/26

Was there an autopsy? No

What test confirmed diagnosis? clinical & Operation

(Signed) H. E. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney's 6 cm

DATE OF BURIAL 6/17 1926

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E Front

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11535

CERTIFICATE OF DEATH.

74096

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Clooney St. 18-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Moon

(a) RESIDENCE. No. 832 Clooney ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Augusta Ga

PARENTS

10 NAME OF FATHER Fort Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Knox

12 MAIDEN NAME OF MOTHER Fort Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fort Knox

14 Informant Lula Reed

(Address) 832 Clooney

Filed JUN 15 1926 19 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 5, 19 26, to June 13, 19 26, that I last saw h alive on June 12, 19 26, and that death occurred, on the date stated above, at 9 pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Norwood M. D.

June 14 19 26 (Address) 909 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/15-26
20 UNDERTAKER	ADDRESS
Paine Easton	916 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11536

CERTIFICATE OF DEATH.

E 11536

REGISTERED NO.

1-PLACE OF DEATH In a stable in rear of
City of BALTIMORE (No. 514 W. Hoffman St. Ward 17)

(If death occurred in a hospital, or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cephus

(a) RESIDENCE NO. 1121 Kirk St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 55; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Hostler
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (City or town): Cambridge
(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Unknown

14 Informant: Eugene Cephus
(Address): 1036 Eutaw St.

Filed JUN 15 1926

C. HAMPSON JONES, Registrar

Per RH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): no other history

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.
(Coroner)

(Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial: June 15 1926

20 UNDERTAKER: Samuel F. Trusler ADDRESS: 3 N Eddole

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 11537 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11537

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1677 Darley Av ST., 8-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Ziegler

(a) RESIDENCE NO. 1677 Darley Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): June 12 1926

7 AGE — Years: — Months: — Days: 3 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank G Ziegler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Lefkes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Frank G Ziegler

(Address): 1677 Darley Ave

Filed JUN 15 1926 C. HAMPTON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 14, 1926, that I last saw h[illegible] alive on June 14, 1926, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Acyclot Hydrocephalus due to malformation

(duration) yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos L. Valentine M. D.

(Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: June 16 1926

UNDERTAKER: John Ulbrich

ADDRESS: 2004 Orleans

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 11538 Spe... Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 J

REGISTERED NO. E 11538

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 S. Paca St. 21-3 Ward)

2-FULL NAME Kate R. Barnes

(a) RESIDENCE NO. 815 S. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): July 5th 1844

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
82 81	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: NONE

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): —

14 Informant: Mrs. E. M. Barnes

(Address): 815 S. Paca St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/13/26 19

17

I HEREBY CERTIFY, That I attended deceased from 6/8/26, 19..... to 6/13/26 19.....,

that I last saw h~~e~~r alive on 6/13/26, 19.....,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Intestinal

Nephritis.

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Hampson Jones, M. D.

6/14 1926 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauden Park

Date of Burial: 6/15. 1926

20 UNDERTAKER: H. S. Blamenger Son

ADDRESS 517 N Schroeder St

Upon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11539

100-001

E 11539

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 8-3 WARD)

2-FULL NAME George Abell

(a) RESIDENCE No. 238 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Abell

6 DATE OF BIRTH (month, day, and year) 1893 August

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	32+	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bartender 044

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Abell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 12, 1926.

that I last saw him alive on June 12, 1926,

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller, M. D.

6/13/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June 16 1926

UNDERTAKER Frederick Leach & Sons

ADDRESS Fullerton

CAUSE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 11540

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 11540

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 E. Preston St St., 8-4 Ward)

2-FULL NAME Wm. H. Fisher

(a) RESIDENCE NO. 1521 E. Preston St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of Rose M. (Diggins) Fisher

6 DATE OF BIRTH (month, day, and year) Sept 18/73

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baggage Checker

(b) General nature of industry, business, or establishment in which employed (or employer) Penna. R.R. 573

(c) Name of employer Union Station

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) "

14 Informant Rose M. Fisher (wife)

(Address) 1521 E. Preston St

15 Filed _____ 19____ C. HAMPSON JONES, M. D., Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(Reported Angina Pectoris)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. S. Cotton, M. D.

(Coroner)

6/15/26 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cem	6/17 19 26

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

976 L G 1 RH

Spec.—1-10-21—M&T—1500 Blks.

E 11541 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11541

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hosp

CITY OF BALTIMORE: (No. Caroline & Oliver St 27-12 WARD)

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Caroline Schlund

(a) RESIDENCE NO. 6 E Amstead Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late George N. Schlund

6 DATE OF BIRTH (month, day, and year) Feb. 7th 1847

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	79	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Barthelme Gerneth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Gerneth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Winkelman

(Address) 6 Amstead Ave Govanstown

15 Filed JUN 15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to June 13, 1926,

that I last saw her alive on June 13, 1926,

and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of Rt. Foot (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5-14-26

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Tests

(Signed) J Joseph Faulkelly, M. D.

6/13, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL June 16th 1926

UNDERTAKER Lilly & Zeiler ADDRESS 4038 Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11542 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11542

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 Linden Heights ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanne Marie Schneider

(a) RESIDENCE NO. 5207 Linden Height ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 15 1926

7 AGE — Years: — Months: 2 — Days: 21 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Roland P. Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Dorothy Ernst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Walter Marshall

(Address) 5207 Linden Heights

15 Filed JUN 15 1926 C. HAMPSON JONES, M. D. Registrar

Per James a Jones

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 14 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 13, 1926,

that I last saw her alive on June 13, 1926

and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Walter E. Ely, M. D.

June 14 1926 (Address) 541 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Paran — DATE OF BURIAL: June 15 1926

20 UNDERTAKER: James a Jones — ADDRESS: 1700 Pearl St

IMPORTANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11543 CERTIFICATE OF DEATH. 161-001 **E 11543**

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 257 E. Hamburg ST. 24-1 WARD)

2-FULL NAME Joseph Mills

(a) RESIDENCE NO. 257 E Hamburg ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 19 1926

7 AGE	Years	Months	Days 25	If LESS than 1 day, ... hrs. or ..... min.
	—	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Edward Mills

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Agnes McCurley

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Agnes Mills (Mother)
(Address) 257 E. Hamburg St

15 Filed JUN 15 1926 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from June 13 1926, to June 14 1926, 19....,
that I last saw ..... alive on ....., 19....,
and that death occurred, on the date stated above, at 7 A m.
The CAUSE OF DEATH* was as follows:

Premature Birth
(5 mos Gestation)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Toxemia
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. H. Holland, M. D.

(Address) 1130 Hughes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL June 15 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11544

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hollins Ferry Rd ST. 25-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary D. Wilson (Mrs. Thomas)

(a) RESIDENCE. No. Hollins Ferry Rd ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H Wilson

6 DATE OF BIRTH (month, day, and year): Feb 13th 1853

7 AGE: Years: About 73 | Months: 3 | Days: 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John W. Crew.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Isabella Crew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John W. Wilson (Address) 2313 Wilson Place

15 Filed 19 HAMPSON JONES, Registrar. By: RK.

JUN 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/11/26

17 I HEREBY CERTIFY, That I attended deceased from 4/29/26 to 6/11/26 that I last saw her alive on 6/10/26 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

about (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Unknown

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? Yes Date of 6/

Was there an autopsy? 6/12/26

What test confirmed diagnosis? Clinical

(Signed) J. Bowley, M. D.

19 (Address) 908 S Stark St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem'y

DATE OF BURIAL: 6/15/26

20 UNDERTAKER: Mrs Geo H Hooper

ADDRESS 406 W Conway St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11545

E 11545

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Camel ST. 11-2 WARD)

2-FULL NAME Martha Griffin

(a) RESIDENCE NO. 212 Canton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ (or) WIFE of: Robert Griffin

6 DATE OF BIRTH (month, day and year): Sept. 5 1873

7 AGE: Years 52 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Perry Forte

11 BIRTHPLACE OF FATHER (city or town) (State or country): .....

12 MAIDEN NAME OF MOTHER: Martha Forte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Fannie Turner. (Address) 212 Canton ave

15 Filed JUN 15 1926 Per .....

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from ~~June~~ 22, 1926, to June 14 1926 that I last saw ~~her~~ alive on June 14, 1926 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin Exam.

(Signed) Bana E. Wagner, M. D.

6/14/1926 (Address) 1076 Edmondson

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: June 15/1926

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Gay

IMPORTANT: Should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11546 101-006 E 11546

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Stembly

(a) RESIDENCE NO. 60 E Brant St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 9 19 1925

7 AGE: Years — Months 9 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Forest Stembly

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Evelyn Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Father

(Address): Forest Stembly 60 E Brant St

15 Filed JUN 15 1926 By H. HAMILTON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Primary Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Bowers, M. D.

(Coroner)

6/14/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem Date of Burial: June 12 1926

UNDERTAKER: Dave Easton ADDRESS 916 Pacific.

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11547

CERTIFICATE OF DEATH.

90

E 11547

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1201 Light St., 24-1 Ward)

2-FULL NAME Margaret E Blackaller

(a) RESIDENCE NO. 1201 Light St. 24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. __ mos. __ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Blackaller

6 DATE OF BIRTH (month, day, and year): May 27 1853

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
73	0	17 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work 07

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) N. Y.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) N Y.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) N Y.

14 Informant Arthur Blackaller

(Address) Catonsville Md.

Filed JUN 15 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1925 to June 12 1926

that I last saw h__ alive on 6/13 1926

and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Uraemia

Chronic Nephritis

(duration) 4 yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) __ yrs. __ mos. 19 ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Hall Baer M. D.

, 19 (Address) 1320 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial 6-14 1926

20 UNDERTAKER: Wm Chas A J Rohde — ADDRESS 600 N Arlington Ave

How should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-1-10-21-M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11548 **E 11548**

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City St. Balto City Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Martin

(a) RESIDENCE NO. Balto City Hospitals - no other residence ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robert Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Casey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Hospital Records

(Address)

15 1926 C. HAMPSON JONES, M. D. Registrar

Form BRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1926

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to June 13, 1926,

that I last saw him alive on June 12, 1926,

and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis (duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Wm C Lane M. D.

June 17, 1926 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11549 E 11549

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals 76-7

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Brown

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) Unknown

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed JUN 15 1926, 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from 2-7- 19 26 to June 13 19 26, that I last saw him alive on June 12 19 26, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency, Terminal
Broncho Penumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral Arteri
Sclerosis and Lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Serologi

(Signed) Wood [illegible] M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL 6/15 19 [illegible]

20 UNDERTAKER J. J. Fahy Sons

ADDRESS 139 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O[illegible]A-TION is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11550 E 11550

CERTIFICATE OF DEATH.

16-02 16-22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Edmondson Ave St.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ashburn

(Residence in Baltimore: No. 3312 Edmondson Ave St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 15 (Day), 1926 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wilton N. Ashburn

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Jane Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wilton N. Ashburn

(Address) 3312 Edmondson Ave

15-

Filed ....., 191.... C. HAMPSON JONES, M. D. Registrar.

Per ARH

UNT 5 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1926, to June 15 1926, that I saw her alive on June 15 1926, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 hrs.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs....mos....ds.

(Signed) Robert C Blake M. D.

June 15, 1926 (Address) 1014 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ....., 191...

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND Department of Health JUN 15 1926

Very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11551 16-002 **E 11551**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2623 Edmondson ave. St., 20-3 Ward)

2-FULL NAME Robert P. Fleischer

(a) RESIDENCE NO. 2623 Edmondson ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25. 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Paul C. Fleischer

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Loveland

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Mrs. Dorothy Fleischer

(Address) 2623 Edmondson ave.

15 JUN 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 5 1926, to June 15th 1926; that I last saw h.. alive on June 14 1926; and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary) Bacillus Diphtheriae

Type of bacillus not determined

(duration) ___ yrs. ___ mos. 8 ds.

18 Where was disease contracted if not at place of death? Bay Shore Hospital

Did an operation precede death? Operation for bone lesion Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. Fleischer, M. D.

6-15 1926 (Address) 2901 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: June 17 1926

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light St

Be sure to be entirely explicit. Abbreviations should be avoided. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 11552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11552

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

City of BALTIMORE: (No. 2209 Bank St., 1-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick McGrath

(a) RESIDENCE NO. 2209 Bank St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kath. McGrath

6 DATE OF BIRTH (month, day, and year): Jan 31 1843

7 AGE: Years 83 | Months 2 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Block & Pump

(b) General nature of industry, business, or establishment in which employed (or employer): Manf

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Michael McGrath

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Julia Dunn

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant John McGrath

(Address) 2209 Bank St

15 1926 C. F. IMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 12 1926.

17

I HEREBY CERTIFY, That I attended deceased from December 8, 1925, to June, 1926,

that I last saw him alive on June, 1926

and that death occurred, on the date stated above, at 11-20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Calet V Athey, M. D.

June 15, 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: New Cathedral Cem Date of Burial: June 16th 1926

20 UNDERTAKER: J. G. Inman ADDRESS: Eden

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. (Baby Bill)

E 11553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11553

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 2244 St., Fleet Ward)

2-FULL NAME Baby Boy Gill

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2244 St., Fleet Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 15 26

7-AGE.	If LESS than 1 day,
...yrs. ...mos. ...ds.	(...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Talbot Gill

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Zywitske

13-BIRTHPLACE OF MOTHER (city or town) Carbondale (State or Country), Pa

14- (Informant) Talbot Gill

(Address) 2244 Fleet St

15- Filed 1 5 1926 C. HAMPSON JONES, M. D. Registrar.

Per M.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 15 26

17- I HEREBY CERTIFY, That I attended deceased from June 15 26 to June 15 19 26

that I last saw h[illegible] alive on June 15 19 26

and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William Kippard M. D.

(Address) 801 Lakewood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus,	6/15 1926.

20-UNDERTAKER.	ADDRESS
M. J. Jaskowski,	905 S. Ann St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11554

CERTIFICATE OF DEATH.

46 E 11554

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 648 W. Conway St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Thompson

(a) RESIDENCE NO. 648 W. Conway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm E. Thompson

6 DATE OF BIRTH (month, day, and year): Sept 20th, 1870

7 AGE: Years 55 Months 8 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER: Ernest Seltz

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Holzer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Mr Arthur A. Thompson

(Address) 3813 Bateman Ave

15 Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1925 to June 14 1926, that I last saw h.. alive on June 14 1926, and that death occurred, on the date stated above, at 1225 A.M.

The CAUSE OF DEATH* was as follows:

Cedino-carcinoma of Uterus (Inoperable)

(durntion) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Uraemia)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Macroscopical & Clinical

(Signed) Geo. A. Wiese, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. Date of Burial June 16 1926

20 UNDERTAKER: Wm Flickner Sons ADDRESS North & Pa

IMPORTANT: Be sure to answer every question. Any should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 15 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11555

CERTIFICATE OF DEATH.

74-001

E 11555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3726 Frederick Rd St., No. 1 Ward)

2-FULL NAME Joseph T. Beckler, Sr.

(a) RESIDENCE NO. 3726 Frederick Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6 DATE OF BIRTH (month, day, and year) Sept. 24th 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer) O'Neill

(c) Name of employer Lowen Park Comm

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Beckler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Frank Beckler

(Address) 3715 Morley St.

15 [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to June 13, 1926, that I last saw h[illegible] alive on June 13, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hy

(duration) yrs. 11 mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) [illegible], M. D.

6/15 1926 (Address) 1729 Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cem 6/16 1926

20 UNDERTAKER Wm J. Dickman & Son ADDRESS Govanstown

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11556 E 11556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 19-1179

City of BALTIMORE: (No. 1620 W. Lexington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lena Hooper

(a) Residence No. 1620 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hooper

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Eastern Shore Md.

PARENTS.

10-NAME OF FATHER, Henry Scott

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Eastern Shore

12-MAIDEN NAME OF MOTHER, Sarah Houston

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Eastern Shore

14- (Informant) Fannie E. Scott

(Address) Belair Md.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/15/26

17- I HEREBY CERTIFY, That I attended deceased from April 15, 1926 to June 15, 1926.

that I last saw h.. alive on June 12, 1926.

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Nephritis Chron

(Duration) 1 yrs. 6 mos. — ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Marsall Lawrence M. D.

, 19 (Address) 1232 W. Mosher St Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, REMOVAL. Asbury Md

DATE OF BURIAL. June 17, 1926

20-UNDERTAKER. Dean & Foster

ADDRESS Belair Md

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11557

E 11557

90

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 842 Washington Blvd Ward) 21-3

2-FULL NAME Catherine Oster

(a) RESIDENCE NO. 842 Washington Blvd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Oster

6 DATE OF BIRTH (month, day, and year): Oct 12/1853

7 AGE — Years: 73 — Months: 8 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Jacob Conrad

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Washington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Jacob Oster

(Address): 842 Washington Blvd

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

Haag 729 Wash Blvd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 13, 1926, that I last saw h.. alive on June 12, 1926, and that death occurred, on the date stated above, at 11 25a m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..yrs. 1 mos. ..ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. ..mos. ..ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dudley Haag, M. D.

Jan 14 1926 (Address) 729 Washington Blvd

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial June 16 1926

20 UNDERTAKER: William Cook ADDRESS 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Magness
1206 E Preston

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11558

E 11558

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 West 28th St. 17th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie M Troup

(a) RESIDENCE NO. 410 West 28 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John H. Troup

6 DATE OF BIRTH (month, day, and year): June 8- 1851

7 AGE: Years 75 Months Days 6 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond

(State or country) Va

PARENTS

10 NAME OF FATHER George W. Willis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Johanna Jacobs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant John H. Troup

(Address) 410 East 28th Street

15 Filed JUN 15 1926 G. HAMPSON JONES, M. D. Registrar

Per NRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-1926.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 14, 1926, that I last saw her alive on June 14, 1926 and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Dell Magness, M. D.

6/15, 1926 (Address) 1206 E. Preston St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — Date of Burial: June 16 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E North

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATI very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11559

161-001 E 11559

CERTIFICATE OF DEATH

C. D. NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1814 N. Durham St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wells

(a) RESIDENCE NO. 1814 N. Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Stillborn yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	N.	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
6½ Hours				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward E Wells

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Okla

12 MAIDEN NAME OF MOTHER Gertrude Kraus

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Edw. E Wells

(Address) 1814 N. Durham St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 6—14—26

17 I HEREBY CERTIFY, That I attended deceased from 6-14-, 19 26, to 6—14, 19 26

that I last saw h... alive on 6—14, 19 26

and that death occurred, on the date stated above at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

7 mo.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Findley Burgess M. D.

6-14-26 19 (Address) 1600 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park 6 1926

20 UNDERTAKER ADDRESS

Wm Cook 951 E Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

15 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11560

CERTIFICATE OF DEATH.

74-004

E 11560

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1903 W. Saratoga St. St. 20-5 Ward)

2-FULL NAME Melvina L. Warnick

(a) RESIDENCE NO. 1903 W. Saratoga St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard J. Warnick

6 DATE OF BIRTH (month, day, and year)
October 10, 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER William H. McKean

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Tye

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Helen T. Warnick

(Address) 1903 West Saratoga St.

15 Filed June 15 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 12 19 26, to June 15 19 26, that I last saw her alive on June 14 19 26, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Apoplexy

5

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) By McKean, M. D.

(Address) 400 North Payson Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial June 18, 26

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Gallo St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10—[illegible]T—1500 Bks.

1916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11561

CERTIFICATE OF DEATH.

90

E 11561

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 9-7 WARD)

2-FULL NAME Bertha Shapiro

(a) RESIDENCE NO. 1302 Hartford Ave. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6 DATE OF BIRTH (month, day, and year) June 29 1907

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	11	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. H. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Benj. Bodensky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Hellman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

By ..... RK.

UN 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17

I HEREBY CERTIFY, That I attended deceased from April 12th, 1926, to June 15, 1926.

that I last saw h[illegible] alive on June 16th, 1926

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial endocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Rheumatic heart disease.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. Cowles Andrus M. D.

6/15, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rozedale

DATE OF BURIAL 6/16/26

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-001

E 11562

CERTIFICATE OF DEATH.

E 11562

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Hosp. 6-1 Ward)

2-FULL NAME Dorothy L McGilton

(a) RESIDENCE NO. #1 Morris Circle, Dundalk Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Baby-

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6 DATE OF BIRTH (month, day, and year) May 31, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	—	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER Walter McGilton

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Virginia Webster

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Walter G McGilton

(Address) Morris Circle Dundalk

Filed JUN 16 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 June 15

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 15, 1926, that I last saw h.er alive on June 15, 1926, and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:

Spina Bifida

Hydrocephalus, internal

(duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted

If not at place of death? Congenital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray - clinical exam.

(Signed) Walter E Eagle, M. D.

6/15, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hereford Baptist church yard. Date of Burial June 16 1926

20 UNDERTAKER John F Deny ADDRESS 715 Light st

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks. 4704 York Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11563

CERTIFICATE OF DEATH.

74-001

E 11563

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 E. York ST. 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Hart.

(a) RESIDENCE NO. 37 E. York ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hart

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Canefield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John F. Hart. (Address) 37 E. York st

15 Filed JUN 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15 1926 to June 15 1926

that I last saw her alive on June 15 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Hamper M. D.

19 (Address) 4704 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL June 18 1926

20 UNDERTAKER E. A. Kranzer Son — ADDRESS 703 Hanover

TION is very important. See instructions on back of certificates.

...ness of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11564

CERTIFICATE OF DEATH.

13 V E 11564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp. (WARD) 13

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Elvin Crandell

(a) RESIDENCE NO. 454 N. Robinson St. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle V. Crandell.

6 DATE OF BIRTH (month, day, and year) Oct 10-1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36 37		6	5.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk. 009

(b) General nature of industry, business, or establishment in which employed (or employer) Beth Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas Crandell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Myrtle V. Crandell
(Address) 454 N. Robinson St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar
Per .....

JUN 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15- 1926

17 I HEREBY CERTIFY, That I attended deceased from June 14 , 1926, to June 15 , 1926;
that I last saw h in alive on June 15 , 1926,
and that death occurred, on the date stated above, at 11:45 a m.
The CAUSE OF DEATH* was as follows:

Acute Urinary Suppression
(duration) yrs. mos 3 ds.
CONTRIBUTORY (Secondary) Uremia.
(duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? no Date of -
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. Watkins, M. D.
, 19 (Address) Mryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 6/18 1926

UNDERTAKER Chas. P. Crane & Son — ADDRESS 1180 W. Fayette Street

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11565

CERTIFICATE OF DEATH. 46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 E. 30th ST., 9-3 WARD)

2-FULL NAME Bertha P. Miller

(a) RESIDENCE NO. 1847 E. 30th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel J. Miller

6 DATE OF BIRTH (month, day, and year) Dec 25-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Charles Siebach.

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Richmond.

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Daniel J. Miller (Address) 1847 E. 30th St

15 Filed JUN 18 1926 C. HAMPSON JONES, M. D., Registrar

Par .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to June 14, 1926 that I last saw her alive on June 14, 1926, and that death occurred, on the date stated above, at 8. P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cancer tumor of uterus (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edw. J. Zimmerman M. D.

6/15/26, 19 (Address) 2858 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL June 17 1926

20 UNDERTAKER Abraham & John H. Leufel & Son

ADDRESS 801 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11566

CERTIFICATE OF DEATH.

129 E 11566

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 47 N. caroline ST., 61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James bonds

(a) RESIDENCE NO. 47 N. caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louisa Bonds

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED labor

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) Dorchester C.o (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Bonds

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Nettie Smith

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Lillie Jervier. (Address) 622 N. caroline.

15 Filed JUN 16 1926 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 12, 1926.

that I last saw him alive on June 11, 1926,

and that death occurred, on the date stated above, at 7.0 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

?

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benj Hamm, M. D.

, 19 (Address) 385 Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL June 16, 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1681 orleans st

FILL IN ONLY ONE SPACE. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11567

CERTIFICATE OF DEATH.

111-001

E 11567

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 S Fremont St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Abraham

(a) RESIDENCE NO. 308 S Fremont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert abraham

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lee S. C

PARENTS

10 NAME OF FATHER Jerry Rouse

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. C

12 MAIDEN NAME OF MOTHER Jennie Petterson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S. C

14 Informant Robert abraham

(Address) 308 S. Fremont ave

Filed JUN 6 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsies or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) C C Yates M. D. (Coroner)

June 16 26 (Address) 143 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg Va Date of Burial June 18 1926

20 UNDERTAKER Edward Bryon ADDRESS 1681 orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11568

CERTIFICATE OF DEATH.

188-003

E 11568

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mer Hosp. S. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inez Stewart

(a) RESIDENCE NO. 1311 N Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 9th 1908

7 AGE: Years 18 Months 5 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): St Marys Co

(State or country): Md

PARENTS

10 NAME OF FATHER: William Stewart

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Easton Md

12 MAIDEN NAME OF MOTHER: Julia Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): St Marys Co

14 Informant: Julia Stewart

(Address): 1311 N Linden St

15 Filed ..... 19 .....

HAMPSON JONES, M. D.

Registrar

UN 16 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:*

Auto Acct.

Fracture of Right

(duration) ..... yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. mos. 1 ds.

(Signed) C C Yates, M. D. (Coroner)

June 15 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Date of Burial June 17th 1926

20 UNDERTAKER: Thomas E Smith & Bro ADDRESS: Mary

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11569

CERTIFICATE OF DEATH.

90 E 11569

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 650 Bartlett Ave Ward 24)

2-FULL NAME Walter Hubbard Sr.

(a) RESIDENCE NO. 650 Bartlett Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Genie Hubbard

6 DATE OF BIRTH (month, day, and year): May 30 1855

7 AGE: Years 71 | Months | Days 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Md

PARENTS

10 NAME OF FATHER: Filman Hubbard

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Va and Md

12 MAIDEN NAME OF MOTHER: Etta Kelly

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Md

14 Informant: Genie Hubbard

(Address) 650 Bartlett Ave

15 Filed ..... 19 .....

Registrar

NOV 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

6-15-26

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 26 to 6-15-26, 19 26, that I last saw h..... alive on 6-14-26, 19 26, and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(duration) ..... yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) ..... M. D.

(Address) 806 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md — Date of Burial: June 18 1926

20 UNDERTAKER: Cherowith Son — ADDRESS 3617 Chestnut St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11570

CERTIFICATE OF DEATH.

15-12-29

E 11570

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Rupp ST. 15-12-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie A. Milski

(a) RESIDENCE NO. 2021 Rupp ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Milski

11 BIRTHPLACE OF FATHER (city or town) Ger.
(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Wagner

13 BIRTHPLACE OF MOTHER (city or town) Penn. Penn.
(State or country)

14 Informant Mary K. Connolly

(Address) 2021 Rupp St.

15 Filed JUN 16 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1926, to June 14, 1926.

That I last saw her alive on June 14, 1926.

And that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis - Cerebral Hemorrhage

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) R. C. Metcalf, M. D.

June 15, 1926 (Address) 1903 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 17 1926
20 UNDERTAKER	ADDRESS
Jos. J. Kerr	156 E. Lanvale

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11571

E 11571

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST. 17-b WARD)

2-FULL NAME Lawrence Smith

(a) RESIDENCE NO. 308 Princeton Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 25 /25

7 AGE: Years 1 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Phillip Smith

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Retta Harriod

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Father. (Address) 308 Princeton Place

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

N 16 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1926

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to June 15, 1926

that I last saw him alive on June 15, 1926

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) — yrs. — mos 27 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 7+ dy.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. Macfarlan, M. D.

6/16/26 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County. DATE OF BURIAL 6/16/1926

20 UNDERTAKER Mrs. Geo. C. Holland ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11572 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11572

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 525 W. Lexington St., St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Christian Bohn

(a) Residence No. 525 W Lexington St., St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Bohn

6-DATE OF BIRTH (month, day and year) Sept. 15, 1847

7-AGE,	If LESS than 1 day,
78 yrs. 8 mos. 30 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Restauranteer

(b) General nature of industry, business, or establishment in which employed (or employer): out

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bohn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Harry George

(Address) 525 W Lexington St.

15- [illegible] 19 C. HAMPSON JONES, M. D. Registrar.

UN 16 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 13, 1926.

17- I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to June 13, 1926, that I last saw h[illegible] alive on June 12, 1926, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) Pulmonary Edema mos. 6d.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. G. Geyer, M. D.

, 19 (Address) Mills Ave & Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	June 15, 1926

20-UNDERTAKER. Harry H. Witzke ADDRESS 1531 W Fountain

Cor.—12-9-25—A Co.—200 Bks.

E 11573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1914 Hoe St., No. 1 Ward)

REGISTERED NO. 1914-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt F. Schaaf

(a) RESIDENCE NO. 350 Glynn St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schaaf

6 DATE OF BIRTH (month, day, and year) Jan 22 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Apprentice

(b) General nature of industry, business, or establishment in which employed (or employer) B & O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Robert E Schaaf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Margaret Horn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Mrs M Schaaf

(Address) 350 Glynn Ave

15 Filed JUN 16 1926 19 C. HAMPSON JONES, M. D. Registrar

By E. L. Ault

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Duration ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration ..... yrs. ..... mos. 1 ds.

(Signed) G. Hades M. D. (Coroner)

June 15 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial June 17 1926

20 UNDERTAKER John Field ADDRESS 1200 W Lombard

Or Death certificate in plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 11574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11574

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Bait. ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Lynch.

(a) RESIDENCE NO. 1316 E Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) .. ..

(c) Name of employer .. ..

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Cushman

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Julia Gaut (Address) 1313 Bait St.

15 Filed JUN 16 1926 C. HAMPSON JONES, M. D. Registrar Per L. H. Asbury

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to June 15, 1926, that I last saw h alive on June 14, 1926 and that death occurred, on the date stated above, at 3-40 A. m.

The CAUSE OF DEATH* was as follows:

Malignancy - kidney

Lymphosarcoma.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Edward Revolulcum M. D.

, 19 (Address) 24 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL June 18 1926

20 UNDERTAKER ADDRESS

By John J Fields 1200 W Fayette

Follow instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 11575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001 E 11575

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 N. Milton Ave St., 7-3 Ward)

2-FULL NAME Alexander Woppman

(a) RESIDENCE NO. 604 N. Milton Ave St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Woppman

6 DATE OF BIRTH (month, day, and year) Nov 29/1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	47	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Lawrence Woppman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Mary Woppman

(Address) 604 N. Milton Ave

Filed JUN 16 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(Suicide - Illhealth)

(durntion) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Bailey, M. D.
(Coroner)

6/14/26 (Address) 908 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Ft Comel Cemetery June 16 26

(Signed) UNDERTAKER Wm C. Miller & Son ADDRESS 2834 Jefferson St

If death occurred in public institutions, or in private institutions to which the public are admitted, or from any violent cause, the coroner must hold an inquest and fill out the certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11576

CERTIFICATE OF DEATH.

129

E 11576

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 578 N. Luzerne Ave St., 73 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Schafer.

(a) RESIDENCE NO. 578 N. Luzerne Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Schafer.

6 DATE OF BIRTH (month, day, and year): Augt 4-1841

7 AGE: Years 84 | Months 9 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. gen

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: John H. Schafer.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Regina Dreyling

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs. Maria Christel Daughter

(Address) 578 N. Luzerne Ave

Filed ..... 19 .....

Per ..... Registrar

C. HAMPSON JONES, M. D.

JUN 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 19 26 to June 13 19 26

that I last saw h. alive on June 19 26;

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At this home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis V. Ford, M. D.

6/15 1926 (Address) 1016 Monument Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial June 16 1926

20 UNDERTAKER: Lilly and Zeiler ADDRESS 403 S. Wolfe St.

very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11577

CERTIFICATE OF DEATH.

37-001 **E 11577**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 Colvin St.) (5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Robinson

(a) RESIDENCE NO. 238 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Robinson

6 DATE OF BIRTH (month, day, and year): October 2 1878

7 AGE — Years: 47 — Months: 8 — Days: 12 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Alexandria Va.

PARENTS

10 NAME OF FATHER: Isaac Cochran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alexandria Va.

12 MAIDEN NAME OF MOTHER: Eliza Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges Co. Maryland

14 Informant: Elizabeth Coleman (Address): 238 Colvin

15 Filed JUN 16 1926 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1926, to June 13, 1926, that I last saw ~~him~~ alive on June 13, 1926, and that death occurred, on the date stated above, at 7:15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. 3 mos 24 ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Mantoux-Pirquet

(Signed) W. L. Berry M. D.

, 19 (Address) 1590 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: June 16 1926

20 UNDERTAKER: Samuel Brue Co. ADDRESS: 57 Bolton

TION is very important. See instructions on back of certificates.

E 11578 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11578

CERTIFICATE OF DEATH. 188-003

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Franklin Sq. Hospital 21-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Jamison

(Residence in Baltimore: No. 1446 Ward St St.; 33- yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Grant

(Address) 700 Warner St

Filed JUN 16 1926 HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Auto

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

June 14 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem DATE OF BURIAL, June 16 1926

20-UNDERTAKER, Samuel A. Tasley ADDRESS 1122 Eddy St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Perreauna Cole.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11579

E 11579

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N Mount ST. 15-13 WARD)

2-FULL NAME Perrie a Cole

(a) RESIDENCE No. 1810 Mount St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) April 21 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard P Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John F Cole

(Address) 1810 N Mount St

15 Filed JUN 16 1926 19 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/6, 1926, to 6/15, 1926, that I last saw h[illegible] alive on 6/14, 1926, and that death occurred, on the date stated above, at 11:10 A m

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

+

Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ben Rhett, M. D.

6/15 1926 (Address) 2124 Dix

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sandy Spring Md — DATE OF BURIAL June 18 1926

20 UNDERTAKER Joseph A Sisly — ADDRESS 1517 Winters Ave

Spec.—1-12-23—M&T—500 Bks. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11580 E 11580

CERTIFICATE OF DEATH.

X 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St. 725-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theo. Konke

(a) RESIDENCE NO. 1 Maple Drive Catonsville Md

(Usual place of abode) ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Emma A. Konke

6 DATE OF BIRTH (month, day, and year): Nov 24 1855

7 AGE: Years 70 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): " " "

12 MAIDEN NAME OF MOTHER: " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " " "

14 Informant: John Hufferd

(Address) 1 Maple Drive Catonsville

15 6 1926 C. HAMPSON JONES, M. D. Registrar

Per ROW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-15 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-15 1926 to 6-15 1926

that I last saw him alive on 6-15 1926

and that death occurred, on the date stated above, at 5 20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma prostate

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 10, 26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Heron Hunter M. D.

6/15 1926 (Address) St. Agnes' Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: June 18 1926

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11581 68 E 11581

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 19-1 Ward)

2-FULL NAME Dorothy Overington

(a) RESIDENCE NO. 1518 W Baltimore St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Overington

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 25 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER John Burton

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Virginia

14 Informant George Knox

(Address) 1109 Fayard St.

15 Filed _____ G HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probly Chronic Opium Poisoning.

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Probly Opium Poisoning

_____ (duration) ____ yrs. ____ mos. 6 ds.

(Signed) James M Burton M. D.

(Coroner)

6/6 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 3 yrs., 6 mos., 0 ds. In the State ____ yrs. ____ mos., ____ ds.

Where was disease contracted, if not at place of death? 3 4 mons St

Former or usual residence 1518 W Balto St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Date of Burial: June 17 1926

20 UNDERTAKER George J Smith ADDRESS 532 Hollins

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11582

CERTIFICATE OF DEATH.

23

E 11582

REGISTERED NO.

1-PLACE OF DEATH

N.W. Cor.

City of BALTIMORE: (No. Greenmount & Lafayette St. 17-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Louise Frederick

(a) RESIDENCE NO. Greenmount & Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Frederick

6 DATE OF BIRTH (month, day, and year) In Town

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Wm Sanders

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Snyder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry Frederick

(Address) Greenmount & Lafayette

[illegible] 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June - 15 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to June 15, 1926

that I last saw h[illegible] alive on June 15, 1926

and that death occurred, on the date stated above, at 7.55 P. M.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis

(duration) yrs. mos. 6 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Standish McVaney, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Balto Cem. June 18 1926

20 UNDERTAKER — ADDRESS

Wm Cook 502 E Hoffman

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11583

CERTIFICATE OF DEATH.

177

E 11583

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 9-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M. Wright

(a) RESIDENCE NO. 506 E. 21st St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Rosskopf

6 DATE OF BIRTH (month, day, and year) Dec 25/1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	5	20 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Supervisor

(b) General nature of industry, business, or establishment in which employed (or employer) C. & P. Telephone Co

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Harry C. Wright

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ida M. Coulson

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Balto. Md

14 Informant Harry C. Wright

(Address) 745 N. Patterson Park Ave

1926 C. HAMPSON JONES, M. D.

Per BKA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

Taken on June 5/26, possibly by mistake.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cole M. D.

(Coroner)

6/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 6/17 1926

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11584

E 11584

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Fredk Ave ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Jane Colvin

(a) RESIDENCE No. 3215 Fredk Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Colvin

6 DATE OF BIRTH (month, day, and year) 12 | 5 | 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER H. B. Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Harmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Frances Lilly

(Address) 3215 Fredk ave

15 6 1926, 19 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1926

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to June 15, 1926,

that I last saw her alive on June 15, 1926

and that death occurred, on the date stated above, at 9 15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach metastasis to liver

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Physical

(Signed) Fred T. Kyper, M. D.

, 19 (Address) 3321 Fredk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warrenton Va

DATE OF BURIAL June 18. 1926

20 UNDERTAKER C. W. Dill

ADDRESS 3109 Fredk Ave

Spec.—12-9-25—A Co.—200 Bks.

E 11585

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11585

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Bruce St. 17-2 Ward)

2-FULL NAME Annie Green

(a) RESIDENCE NO. 608 Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ ~~last~~ WIFE of: Jno Green

6 DATE OF BIRTH (month, day, and year): unknown 1861

7 AGE: Years 65; Months —; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country): Md

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

PARENTS

14 Informant: Annie Green

(Address) 608 Bruce St

15 Filed JUN 17 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 12 1926, to June 16, 1926

that I last saw her alive on June 15, 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Franklin Agnew, M. D.

16, 1926 (Address) 1176 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: June 18/926

20 UNDERTAKER: Daniel Easton — ADDRESS: Balto

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 11586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11586

CERTIFICATE OF DEATH.

REGISTERED NO. 91

1-PLACE OF DEATH

City of BALTIMORE: (No. 744 Pierce St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Anderson

(a) RESIDENCE NO. 744 Pierce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 22/1926

7 AGE — Years: — Months: 4 — Days: 23 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nv

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

10 NAME OF FATHER: Jerry Anderson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER: Laura Lewis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

PARENTS

14 Informant: Laura Anderson

(Address) 744 Pierce St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

(Signed) H. C. Blades M. D.

(Coroner)

June 16 1926 (Address) 443 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial June 17 1926

20 UNDERTAKER: Daniel Carbon ADDRESS 916 E Pratt

very important. See instructions on back of certificate. EXACT statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11587

CERTIFICATE OF DEATH.

E 11587

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1501 N. Patterson Park Ave. ST., 8-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta I. Illerich

(a) RESIDENCE No. 1501 N Patterson Park Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter M. Illerich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ella E. Neuman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm. Peter M. Illerich
(Address) 1510 N Patterson Park Ave

15 Filed JUN 17 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 14, 1926, that I last saw h[illegible] alive on June 14, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reamy M. D.

June 16 (Address) 801 N Edgewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL June 18 1926

20 UNDERTAKER Henry Hosch Son — ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11588

E 11588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 13-429

CITY OF BALTIMORE: (No. 3551 Sweet Air ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sarah E. Klob

(a) RESIDENCE. No. 3551 Sweet Air ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. N. Klob

6 DATE OF BIRTH (month, day, and year) July 4 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John F. Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wilhelm Klob, (Address) 3551 Sweet Air

15 Filed ....., 19 .. Registrar

JUN 17 1926 C. HAMPSON JONES M. D. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1926, to June 14th, 1926, that I last saw her alive on June 14th, 1926, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) 4 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms.

(Signed) D. Edgar Fay, M. D.

6/14, 1926 (Address) 2919 Belmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid [illegible]

DATE OF BURIAL June 17, 1926

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11589
1-PLACE OF DEATH

1997

E 11589
REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 24-1

2-FULL NAME James William Ludwig.

(a) RESIDENCE NO. 1443 Henry St. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, HUSBAND of XXXXXXXX Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	44	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook on Tug boat.
(b) General nature of industry, business, or establishment in which employed (or employer) 07
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER John Ludwig.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose Lyons.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mary Brethauer. (aunt)
(Address) 1443 Henry St.

15 Filed 19 Registrar

C. HARRISON BONIFANT, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intracranial hemorrhage due to a fracture of the skull. Struck and knocked down by a blow from a fist delivered in self defense.
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
6/16, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Clement & Jackson Sts. June 14, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. Date of Burial 6/17/1926.

20 UNDERTAKER J. J. Fahey & Sons ADDRESS 1318 Light St

6 17 1926

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

E 11590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11590

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 18-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Edward Franklin Duckett

(Residence in Baltimore: No. 107 South Arlington Avenue St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. July 5, 1877
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
48 yrs. 11 mos. 10 ds.	hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Brakeman
(b) General nature of Industry, business, or establishment in which employed (or employer). B. & O. R. R.

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. John Duckett

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie O. Duckett

(Address) 107 S. Arlington Avenue

15- C. HAMPSON JONES, M. D.

Filed ..... 192.. By ..... Registrar.

JUL 7 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Albuminuria

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Coma.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Canton Depaw M. D.
(Coroner.)

June 16 192.. (Address) 143 N. Broadway

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
National Cemetery	June 19, 1926
20-UNDERTAKER. Joseph B Cook	ADDRESS. 1003 N Eutaw St

Is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 11591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 11591

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2502 Hollins Street St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Franklin Countess

(a) RESIDENCE NO. 2502 Hollins Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Countess

6 DATE OF BIRTH (month, day, and year) May 21, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R. R.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER San Francisco Countess

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Ann Mills

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mrs. Wm. Wess

(Address) 2551 W. Lombard St.

Filed 19

JUN 17 1926 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 16, 1926

I:

I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to June 16, 1926, that I last saw h... alive on June 15, 1926 and that death occurred, on the date stated above, at 4.10 a.m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism Endocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Harvey Baker, M. D.

June 16, 1926 19 (Address) 2027 West Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial June 19, 26

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W. Balto. St.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11592

CERTIFICATE OF DEATH.

E 11592
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Colored Baptist Home

CITY OF BALTIMORE: (No. 1620 N. Lexington ST. 16-6 WARD)

2-FULL NAME Amanda Wilson

(a) RESIDENCE No. 1620 N. Lexington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1861?

7 AGE: Years: about 65? Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records Colored Baptist Home
(Address): 1620 N. Lexington St.

15 Filed JUN 17 1926, 19 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/16/1926

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1926, to June 15, 1926, that I last saw her alive on June 15, 1926, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia (Cause)

(duration) — yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary): Chron. Inter. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. M. Lawrence, M. D.

, 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: June 16 19 26

20 UNDERTAKER: Emmert & Kinsley ADDRESS: 1778 Bridge

Conformity Important. See Instructions on back of certificates.

Spec. 1-1921 M&T—1500 Bks.

1926 950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11593

CERTIFICATE OF DEATH.

129 E 11593

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 17-1 Ward)

2-FULL NAME Jacob Nicholson

(a) RESIDENCE NO. 511 W. Lafayette St. Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed.

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Isabella Nicholson

6 DATE OF BIRTH (month, day, and year) Jan 17 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agt.

(b) General nature of industry, business, or establishment in which employed (or employer) 071

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER Jacob Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Sarah Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Records. (Address) Johns Hopkins Hospital

15 Filed 6 17 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 26

17 I HEREBY CERTIFY, That I attended deceased from June 9 - 26 to June 15 - 26

that I last saw h ~~ceive~~ on June 15 - 26

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Chronic nephritis

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes -

What test confirmed diagnosis? Surgical Dis -

(Signed) E. Cowles Andrus, M. D.

6-15-1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson Ave

DATE OF BURIAL June 18 1926

20 UNDERTAKER Wm. H. Grason

ADDRESS 1450 Madison

How to be very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11594 — 1-PLACE OF DEATH

15-12 97 — E 11594 — REGISTERED NO.

City of BALTIMORE: (No. 2132 Freeman St., 15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgil Easton Beeler Jr

(a) RESIDENCE NO. 2138 Freeman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 17/1922

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	3	7	30 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Rio

(State or country) West Virginia

10 NAME OF FATHER Virgil E. Beeler

11 BIRTHPLACE OF FATHER (city or town) Rio West Virginia

(State or country)

12 MAIDEN NAME OF MOTHER E. J. Stover

13 BIRTHPLACE OF MOTHER (city or town) Strasburg

(State or country) Va

PARENTS

14 Informant Virgil E. Beeler

(Address) 2138 Freeman

15 Filed ..... 19 .....

Per ..... Registrar

HAMPSON JONES, C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 16, 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound in head. (Revolver) Instantaneous death

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Homicide

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

6/17, 1924 (Address) 2812 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Strasburg Wes Va — Date of Burial 6/19 1926

20 UNDERTAKER Geo Weber & Son — ADDRESS 2803 Edmondson Ave

very important. See instructions on back of certificate. — Legal Statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11595 E 11595

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Mullad ST. 6-1 WARD)

2-FULL NAME Robert Robinson Jr.

(a) RESIDENCE NO. 204 N Mullad ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1908

7 AGE: Years 17 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto md. (State or country)

PARENTS

10 NAME OF FATHER Robert Robinson

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Belle Stewart

13 BIRTHPLACE OF MOTHER (city or town) Balto md (State or country)

14 Informant Mrs Belle Thomas (Mother)

(Address) 204 N Mullad

15 Filed JUN 17 1926 C. HAMPSON JONES, C. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1926, to June 15, 1926,

that I last saw him alive on June 15, 1926

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulm T.B.C.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

6/17, 1926 (Address) 1124 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL June 19 1926

20 UNDERTAKER Edward L. Pierson

ADDRESS 1631 Orleans st

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11596

CERTIFICATE OF DEATH.

26-7

90 E 11596

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thorvald N. Kluge.

(a) RESIDENCE NO. 307 S. 5th St. Brooklyn. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed or divorced HUSBAND of Johanna Kluge.

6 DATE OF BIRTH (month, day, and year) February 1, 1873.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Norway.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant Johanna Kluge. (wife)

(Address) 307 S. 5th St. Brooklyn.

15 Filed ....., 19..... Registrar

JUN 17 1926 Per

THOMPSON-JONES CO. BALTO.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

6/16, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? Rosemont, Md. June 14, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial JUNE 17 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 11597

E 11597

O.K.- G. L. Blades MD
Coroner at Large

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11597

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST.S. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Viola Dwyer

(a) RESIDENCE NO. Laurel Md ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas A. Downey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Schubine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant S. Dwyer
(Address) Laurel Md

15 Filed JUN 17 1926, 19.. G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16 .1926. to June 16 .1926.

that I last saw her alive on June 16 .1926.

and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

(a) Septicaemia

(duration) yrs. mos 10 ds. (?)

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 3. 1926

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas J. Cooney Jr., M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	6/20/26
20 UNDERTAKER Geo. E. French	ADDRESS Laurel Md

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11598

CERTIFICATE OF DEATH.

E 11598

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2175 E. Monument St., 1-E Ward)

2-FULL NAME Catharine Monahan (Hoyt)

(a) RESIDENCE NO. 2175 E. Monument St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Monahan

6 DATE OF BIRTH (month, day, and year) Sept. 18-1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chairwoman

(b) General nature of industry, business, or establishment in which employed (or employer) Public school.

(c) Name of employer Balto Sch

9 BIRTHPLACE (city or town)_____

(State or country) Ireland.

PARENTS

10 NAME OF FATHER Thomas Byrne

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ireland.

14 Informant Mrs. Mary E. Lang (Daughter)

(Address) 3720 Fernwood Ave

Filed JUN 7 1926, 19____ C. HAMPSON JONES, M. D. Registrar

by H.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 14, 1926,

that I last saw her alive on June 14, 1926

and that death occurred, on the date stated above, at 3:15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) about yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) John H. Brown, M. D.

June 16 1926 (Address) 35 W. Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial June 18 1926

20 UNDERTAKER Tilly & Julian ADDRESS 403 S. Wolfe St

very important. See instructions on back of certificates.

...ENT OF OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

Galler

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11599 — 1-PLACE OF DEATH

129 E 11599 — REGISTERED NO.

City of BALTIMORE: (No. 2019 E Pratt St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Haller

(a) RESIDENCE NO. 2019 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Morris Haller

6 DATE OF BIRTH (month, day, and year): — 1876

7 AGE: Years 50 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: J. Lewis

(Address) 1439 E. Balto. St

Filed JUN 17 1926 19 C. HAMPSON JONES, M. D. Registrar

Per Lilly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 16, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to June 16, 1926, that I last saw her alive on June 16, 1926, and that death occurred, on the date stated above, at 11:30 p. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Chronic Valvular Heart

Cerebral Hemorrhage.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) 8 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jos L Zierler, M. D.

June 17, 1926 (Address) 1125 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmens Circle, Mt. Carmel — Date of Burial: 6-17-1926

20 UNDERTAKER — ADDRESS: Jos. Lewis, 1439 E. Balto St

very important. See instructions on back of certificates.

If cause of death was violence, state MEANS and NATURE of INJURY, and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Also, if death occurred in a hospital or institution, name it instead of street and number. Fill in and underline also the OCCUPATION that has caused the death, if any such occupation existed. Be sure to answer every question.

Cor.—12-9-25—A Co.—200 Bks.

E 11600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

REGISTERED NO. E 11600

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 27-12 Ward)

2-FULL NAME Walter BurdickMettle Jr.

(a) RESIDENCE NO. 5006 Ross Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 4/1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Walter Mettle

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Lilliam May Naumann

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant: Walter Mettle

(Address) 5006 Ross Road

Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. ribs-thoracic hem.-Probable fracture of skull. Autotruck accident.(child wasriding bicyle)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Hall M. D.

(Coroner)

6/16/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery Date of Burial: June 18 1926

20 UNDERTAKER: L. Sander & Sons ADDRESS: 1710 Pleasant St.

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

JUN 17 1926

Spec.—8-24-14—M. & T.—2000 Bks.

E 11601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11601

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 511 S. Ellwood Ave ST.: 1-4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Meinskein

(Residence in Baltimore: No. 511 S. Ellwood Ave St.; 40 yrs., 4 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~WHETHER~~ MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, January 17, 1886. (Month) (Day) (Year)

7-AGE, 40 yrs. 4 mos. 30 ds. 28

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 31

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, George Meinskein

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Matilda Hamm

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Fick

(Address) 705 S. Lakewood Ave

15- Filed June 17 1926 C. HAMPSON JONES, M. D. Registrar.

Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1926, to June 15 1926, that I saw him alive on June 15 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: ~~C~~ Pernicious Anaemia

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

(Signed) C. Harvey Kerr M. D.

June 16, 1926 (Address) 2507 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cemetery — DATE OF BURIAL, June 18, 1926.

20-UNDERTAKER R. Sander Sons — ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11602

CERTIFICATE OF DEATH.

129 E 11602

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 N. Appleton St. (S.) 16-5 (WARD)

2-FULL NAME Henry Knapp.

(a) RESIDENCE NO. 607 N. Appleton St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 74 yrs. ---- mos. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Dora Knapp.

6 DATE OF BIRTH (month, day, and year) October 5, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Blacksmith.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Knapp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Yakel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant: Harry Knapp. (son)

(Address) 507 W. Hamburg St.

FEB 7 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from January 17, 1926, to June 16, 1926, that I last saw him alive on June 15, 1926, and that death occurred, on the date stated above, at 12.05 p. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No. Date of

Was there an autopsy? No.

What tests confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

6/16 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery

DATE OF BURIAL June 18 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Gilmor St

FROM IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

McGann

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11603

118-001

CERTIFICATE OF DEATH.

REGISTERED No. E 11603

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp (S. or AVE.) (WARD)

2-FULL NAME Miss Mary McGann

(a) RESIDENCE No. 1654 Ashburton St (WARD) City

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible], 1870

7 AGE — Years: 56 — Months: — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Mc. Gann.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Johanna Ryan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Mary Mc. Gann. (Address) 1654 Ashburton St

Filed JUN 17 1926 C. HAMPSON JONES, M. D. Registrar

Dat RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926.

17 I HEREBY CERTIFY, That I attended deceased from 6/14, 1926, to 6/18/26 19

that I last saw her alive on 6/15/26, 19;

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Incarcerated Femoral Hernia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/15/26

Was there an autopsy? Resulted in death

What test confirmed diagnosis? Surgical

(Signed) T. H. Woods, M. D.

, 19 (Address) Bon Secours Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: June 18 1926

20 UNDERTAKER: John E. Cowan & Son

ADDRESS: 501 Park Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11604

CERTIFICATE OF DEATH.

90 E 11604
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2658 Bond St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. McGrath

(a) RESIDENCE NO. 2658 Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael McGrath

6 DATE OF BIRTH (month, day, and year): Nov 24-1874

7 AGE — Years: 52 — Months: 7 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: B. Nolan

11 BIRTHPLACE OF FATHER (city or town): Ire

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Burns

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md

(State or country)

14 Informant: Mrs. J. McGrath

(Address): 2658 E. Baltimore St.

15 FILED: 1926 — 16 C. HAMPSON JONES, M. D. Registrar — Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 15 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 1926, to June 15, 1926, that I last saw h.. alive on May, 1926, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Pulmonary Oedema

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary): Cardiac Hypertrophy, Mitral Regurg

(duration) None yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) A. F. Rees, M. D.

June 17, 1926 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery Date of Burial 6/18/1926

20 UNDERTAKER: J. J. Moran ADDRESS 3000 E. Baltimore St.

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11605

CERTIFICATE OF DEATH.

E 11605

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Prop 8-4 WARD)

REGISTERED NO. 1601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Butt

(a) RESIDENCE No. 1111 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER John J. Butt

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Demaller

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant John Butt
(Address) 1111 N. Broadway

15 Filed JUN 17 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to June 17, 1926

that I last saw him alive on June 16, 1926,

and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Dystocia Viability
Period of gestation
7 months.

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert Ling M. D.

6/17/26 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL June 18 1926

20 UNDERTAKER Kenney Horan Sons — ADDRESS 130 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11606

CERTIFICATE OF DEATH.

+ 46

E 11606

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hospital ST., 9-7 WARD)

2-FULL NAME Lena J. Dinner

(a) RESIDENCE NO. Middle River Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Dinner

6 DATE OF BIRTH (month, day, and year) Dec. 20th 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Winkelman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Unknown

14 Informant Louis Dinner

(Address) Pikesville Md.

15 Filed JUN 7 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16-1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 16, 1926,

that I last saw her alive on June 16, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 2/26

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Clement R. Manvel, M. D.

, 19 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	June 18 1926
20 UNDERTAKER Fred'k Lassahn Sons	ADDRESS Fullerton

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11607

CERTIFICATE OF DEATH.

182 E 11607

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Montford Ave St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Cuppley Cuppley Jr.

(a) RESIDENCE NO. 325 S Duncan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of Sophie Cuppley (or) WIFE of ~~Sophie Cuppley~~

6 DATE OF BIRTH (month, day, and year) June 15 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Schooner

(c) Name of employer Linsey

9 BIRTHPLACE (city or town) Md.

(State or country) Maryland

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) —

(State or country)

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Germany

14 Informant Sophia Cuppley

(Address) 325 S Duncan St.

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

JUN 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning when he fell into water while going to his boat coming (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) going back to his boat (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hamilton M. D. (Coroner)

6 17 1926 (Address) Tolve Chapel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Date of Burial June. 20 1926

20 UNDERTAKER Geo. A. Wilhelm ADDRESS 2205 Bank st

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11608 E 11608

CERTIFICATE OF DEATH.

REGISTERED NO. 74 of 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 26th WARD)

2-FULL NAME Miss Josephine Brown

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
Abt	75	00	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Woodstock (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) Woodstock (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Jenkins

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Records of Mt Hope Retreat (Address) Baltimore Md

15 Filed 7 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1896, to June 16, 1926,

that I last saw her alive on June 16, 1926,

and that death occurred, on the date stated above, at 7.45 P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage — Due to arterio-Sclerosis.

(duration) — yrs. — mos. 30 or 4 ds.

CONTRIBUTORY (Secondary) Senile Dispr. Psychosis Post Arterio-Sclerosis (duration) 40 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 19 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11609

CERTIFICATE OF DEATH.

49. E 11609

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore 2nd ST. 4-1 WARD)

2-FULL NAME Edmund Dixon

(a) RESIDENCE No. 738 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6 DATE OF BIRTH (month, day, and year) unknown 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
56 Years.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER David Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah O'Donnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address) Baltimore City Hospitals

15 Filed JUL 7 1926, 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to June 16, 1926.

that I last saw him alive on June 16, 1926.

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of Neck

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Edmund Bronchi

Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hospital Records

(Signed) [illegible] M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/19 1926

UNDERTAKER [illegible]

ADDRESS 502 E Fay

Spec.—12-9-25—A Co.—200 Bks.

E 9167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11610

CERTIFICATE OF DEATH. × 49

E 11610

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Charles Downes

(a) RESIDENCE NO. Sharon Vermont St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14th 1867

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
59	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Lawyer

(c) Name of employer

9 BIRTHPLACE (city or town) Sharon

(State or country) Vermont

PARENTS

10 NAME OF FATHER Chester Downes

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Vermont

12 MAIDEN NAME OF MOTHER Frances Sheppard

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Vt

14 Informant Records Johns Hopkins Hospital

(Address) _____

1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17th, 1926, to June 17th, 1926, that I last saw h[illegible] alive on June 17th, 1926, and that death occurred, on the date stated above, at 10 05 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma mediastinum

(duration) 0 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) E. P. Wahl, M. D.

1926 (Address) John Hopkins Hospital 6/17/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

White River Junction Vermont June 18 1926

20 UNDERTAKER — ADDRESS

Henry J. Jenkins & Son Co. Ordered from Ballard

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 11611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11611

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 1012 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Graham

(a) RESIDENCE NO. Little Sisters of the Poor St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~: Mary Harris

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Graham

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Sarah ×

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant Sister Florence

(Address) Little Sisters of Poor

15 June 17 1926 C. HAMPSON JONES, M. D.

Reg. ____ MCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from

to record

....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19 26,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) .....yrs. .....mos. 1 ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? .....Date of.....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. A. Warren, M. D.

June 17, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — Date of Burial: June 19 1926

20 UNDERTAKER: Bida Windsfeld — ADDRESS: 914 Gruntly Ave

7 1926

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Dr Trowers, Hollings Strecker

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-00

E 11612

E 11612

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2574 W. Baltimore St. 20-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna H Pfeifer

(a) RESIDENCE NO. 2574 W. Baltimore St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav H Pfeifer

6 DATE OF BIRTH (month, day, and year): Dec 8. 1857

7 AGE: Years 68 | Months 6 | Days 8 | IF LESS than 1 day.....hrs. or.....min. __

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany

14 Informant: Gustav H. Pfeifer

(Address): 2574 W Balto St

Filed _____ 19 ____ C. HAMPSON JONES, M. D. Registrar

7 1925 By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1926

17

I HEREBY CERTIFY, That I attended deceased from 6/15, 1926, to 6/16, 1926;

that I last saw her alive on 6/16, 1926

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) F. A. Sigurd, M. D.

, 19 (Address) 904 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial 6/19 1926

20 UNDERTAKER: William Cook — ADDRESS 502 E Ward St.

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11613

CERTIFICATE OF DEATH.

129 E 11613

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1011 Linden Ave ST., 11-1 WARD)

2-FULL NAME Martha A. Bowers

(a) RESIDENCE NO. 1011 Linden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Bowers

6 DATE OF BIRTH (month, day, and year): Jan 1847

7 AGE — Years: 79 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susana Jenifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edna Newton

(Address) 1011 Linden ave

15 Filed: C. HAMPSON JONES, M. D. Registrar

INT 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to June 15, 1926, that I last saw her alive on June 13, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardio - Vascular - Renal Disease.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopical

(Signed) W. [illegible], M. D.

, 19 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: June 18 1926

20 UNDERTAKER: John H. Frazier — ADDRESS 1827 [illegible] Ave

Spec.—1-12-23—M&T—500 Bks.

E 11614 HEALTH DEPARTMENT—CITY OF BALTIMORE

16-007

16-E 11614

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. ST. 22-1 WARD)

2-FULL NAME Robert Flowers

(a) RESIDENCE NO. 619 Paca St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Israels. Md. (State or country)

PARENTS

10 NAME OF FATHER Walter Flowers

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Stella Cooper

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Robt. H. Flowers. (Address) 619 S. Paca St.

15 Filed JUN 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-2-26, 1926, to 6-16-, 1926, that I last saw h[illegible] alive on 6-16-, 1926, and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:

1. Bronchio-pneumonia
2. Tuberculosis (pulmonary)
3. Otitis media
4. Tuberculosis Miliary

(duration) yrs. mos 25 da.

CONTRIBUTORY (Secondary) Bronchio-pneumonia (duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Ernest L. Taylor M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL June 18 1926

20 UNDERTAKER Chas. B. Kuchnuskas ADDRESS 637 S. Paca

Spec.—12-9-25—A Co.—200 Bks.

Dr Sellner, Eager & Garrison Sts

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-006 E 11615

E 11615

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 933 N Dallas St., 7-1 Ward)

2-FULL NAME John A Hamilton

(a) RESIDENCE NO. 933 N Dallas St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Faith Hamilton

6 DATE OF BIRTH (month, day, and year): Aug. 15. 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shirt Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer: Rosenblum & Co.

9 BIRTHPLACE (city or town): Salto

(State or country): Md

PARENTS

10 NAME OF FATHER: James B Hamilton

11 BIRTHPLACE OF FATHER (city or town): Salto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary J Riley

13 BIRTHPLACE OF MOTHER (city or town): Salto

(State or country): Md.

14 Informant: Faith Hamilton

(Address): 933 N Dallas St

15 Filed _____, 19____ C. HAMPSON JONES, M. D. Registrar

JUN 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 8th 19 26, to June 17th, 19 26, that I last saw h.. alive on June 17th 19 26, and that death occurred, on the date stated above, at 8.20 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Coma Day Definitely

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cataract

(duration) ____ yrs. ____ mos. 14 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hollander M. D.

June 19 1926 (Address) 801 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

Date of Burial June 19 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Monument

Spec.—12-9-25—A Co.—200 Bks.

Dr Mongathoyd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11616

CERTIFICATE OF DEATH.

90 E 11616

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 921 Montpelier St., 9-3 Ward)

2-FULL NAME A. Marie Christopher

(a) RESIDENCE NO. 921 Montpelier St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26, 1914

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	12	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Earl Christopher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rose A Price

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Rosa M Price

(Address) 921 Montpelier St

C. HARPER JONES, M.D.

Filed JUN 8 1926 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25 19 26, to June 16 19 26, that I last saw alive on June 16 19 26, and that death occurred, on the date stated above, at 6 05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 6 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Ingergoll M. D.

6/17/26 (Address) 40 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Pikesville Cemetery Balto Co 6/19 1926

20 UNDERTAKER ADDRESS

M Cook 502 E North

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11617 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11617

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N Fulton Ave St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Miss Annie E Duvall

(a) Residence No. Home for Aged of the U. Ev. Church St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 14 1841

7-AGE. 85 yrs. 5 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Richard Duvall

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Baltimore County Md

12-MAIDEN NAME OF MOTHER. Margaret Wheeler

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Annapolis Md

14- (Informant) Sister (Address) 400 N Fulton ave

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 17. 26.

17- I HEREBY CERTIFY, That I attended deceased from June 1st 19 26 to June 17 19 26.

that I last saw h.. alive on June 16. 19 26.

and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. " mos. " ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? usual methods

(Signed) George C. Shannon M. D

6/18/ 19 26 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	June 19 1926
20-UNDERTAKER. George J Smith	ADDRESS 152 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

E 11618

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 11618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 76-7 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bartousek

(a) RESIDENCE No. Baltimore City Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64 Y				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Bartousek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19.... Registrar

N 18 1926 C. HAMPSON JONES M. D. PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to June 17, 1926 that I last saw him alive on June 17, 1926, and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

Emphysema

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R Hooper Smith M. D.

6-17, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 19 1926

20 UNDERTAKER Grace Wood Son — ADDRESS 1906 Orleans

Spec.—1-10-21—M&T—1500 Bks.

Ehringhaus

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11619 ✓ E 11619

CERTIFICATE OF DEATH.

+ 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel ST. 43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Christoph Erskine Ehringhaus

(a) RESIDENCE NO. Hendersonville, NC. ST., WARD Hendersonville N.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? 45 yrs. 9 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Elizabeth Easton Ehringhaus

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1880

7 AGE: Years 45 | Months 9 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist 055

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

9 BIRTHPLACE (city or town) (State or country): Elizabeth City, N.C.

PARENTS

10 NAME OF FATHER: Bluches Ehringhaus

11 BIRTHPLACE OF FATHER (city or town) Elizabeth City (State or country) N.C.

12 MAIDEN NAME OF MOTHER: Gertrude Overman

13 BIRTHPLACE OF MOTHER (city or town) Elizabeth City (State or country) N.C.

14 Informant: Mrs. E.E. Ehringhaus (wife)

(Address) Hendersonville N.C.

15 Filed JUN 18 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1926, to June 17, 1926, that I last saw him alive on June 17, 1926 and that death occurred, on the date stated above, at 12 midnight.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart

(duration) - yrs. - mos 1 ds.

CONTRIBUTORY (Secondary) Acute Insufficiency of Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hendersonville, N.C.

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J.A. Campbell Colton, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va.

DATE OF BURIAL: June 18 1926

20 UNDERTAKER: D. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11620

CERTIFICATE OF DEATH.

75-001 E 11620

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 W. Lafayette Av ST. 16-6 WARD)

2-FULL NAME Mary Emily Brown

(a) RESIDENCE NO. 1110 W. Lafayette Av ST., WARD Resident.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? 81 yrs. 1 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Walter S. Brown

6 DATE OF BIRTH (month, day, and year) May-7-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel Oliver

11 BIRTHPLACE OF FATHER (city or town) Phila.
(State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Abbott

13 BIRTHPLACE OF MOTHER (city or town) Phila.
(State or country) Penna.

14 Informant Harry S. Brown-(son)
(Address) 1110 W. Lafayette Av

15 Filed JUN 16 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to June 16, 1926, that I last saw h alive on June 15, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Edema Due to Gangrenous Foot

(duration) yrs. mos. 2 wks

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Cain, M. D.

, 19 (Address) 602 N 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL June 18 1926

20 UNDERTAKER STEWART & BOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

E 11621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11621

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home + Infirmary St., 15-12 Ward)

2-FULL NAME Miss Gertrude Henck.

(a) RESIDENCE NO. 2133 W. North Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Dec. 23-1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	5 6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Ernest M. Henck

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER Cathern Blakeney

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Ernest M. Henck

(Address) 2133 W. North Ave

Filed ....., 19..... C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 17, 1926,

that I last saw h[illegible] alive on June 17, 1926,

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) [illegible], M. D.

June 17, 1926 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: June 21 1926

20 UNDERTAKER: M. Fahey + Sons. — ADDRESS: W. North Ave

Spec.—12-9-25—A Co.—200 Bks.

19288

E 11622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 179

E 11622

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Harvey

(a) RESIDENCE NO. 134 Chesapeake Ave Ward Towson

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hentsal

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 26 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Harvey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Amy Harvey

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed_____, 19____ _____ Registrar

JUN 18 1926 HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 14th, 1926, to June 16th, 1926, that I last saw h__ alive on June 16th, 1926, and that death occurred, on the date stated above, at 8 50 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(duration) ...yrs. 5 mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? N.P.N. 298

(Signed) E. Coates Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lion Cem Tiegn Date of Burial June 20 1926

UNDERTAKER: Virginia G. Brooks

ADDRESS: 1463 N Carey

Spec.—12-9-25—Co.—200 Bks.

1926 E 11623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 11623

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson Wallace.

(a) RESIDENCE NO. 2223 Elbury St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Child -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4/1925 Not known

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Md -

PARENTS

10 NAME OF FATHER Wilson Wallace

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Md -

12 MAIDEN NAME OF MOTHER Ethel Duncan

13 BIRTHPLACE OF MOTHER (city or town) Md -

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JUN 18 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15th, 1926, to June 17th, 1926

that I last saw h.. alive on June 17, 1926,

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. W. Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery Date of Burial June 19 1926

UNDERTAKER Virginia G. Brooks ADDRESS 1431 Carey St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11624

CERTIFICATE OF DEATH.

E 11624

REGISTERED NO. 185

1-PLACE OF DEATH
City of BALTIMORE: (No. Declared dead at Maryland General Hospital 22-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elbridge Kopp

(a) RESIDENCE NO. 5 Hooper Ave (Mt. Washington) St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXX

6 DATE OF BIRTH (month, day, and year) June 24/1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Commom Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Hopewell Pa

PARENTS

10 NAME OF FATHER Frank Kopp
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Hopewell Pa
12 MAIDEN NAME OF MOTHER Maggie Grove
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Hopewell Pa

14 Informant George Kopp (Bro)
(Address) Glencoe Md

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull-Accidental- Fell into Open water main ditch while intoxicated
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Kerr, M. D.
(Coroner)
19 6/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom Pa. Date of Burial: June 18, 1926.

20 UNDERTAKER: Richard F. Curley ADDRESS: 621 N. Wash St.

Very important. See directions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

11625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11625

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 731 E 21st St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Elizabeth Hunter

(a) RESIDENCE NO. 731 E 21 st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23 – 1915

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	11	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) ppo

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER P N Hunter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Ewer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant P N Hunter

(Address) 731 E 21st

15 Filed 6-18 1926 16 HAMPSON JONES, M. D. Registrar

Per MJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/26 19

17 I HEREBY CERTIFY, That I attended deceased from ——, 19 23, to June 17, 19 26,

that I last saw h[illegible] alive on June 17, 19 26,

and that death occurred, on the date stated above, at 3.45 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 3 yrs. + mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Walter C Brem, M. D.

6/17, 1926 (Address) 1025 E 20

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — Date of Burial June 19, 1926

20 UNDERTAKER E. LeRoy Stiffler — ADDRESS 1259 North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

11626

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 11626

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3806 Egerton Rd) 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charlotte R. Straus

(a) Residence No. 3806 Egerton Rd Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Straus

6-DATE OF BIRTH (month, day and year) Oct 12/1855

7-AGE. 70
71 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 037
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). New York City

PARENTS.

10-NAME OF FATHER. Zakariah Rhodes

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bavaria

12-MAIDEN NAME OF MOTHER. Sarah Bennett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). England

14- (Informant) John F. Prechtel
(Address) 3806 Egerton Rd

15- Filed 6 1926 By C. HAMPSON JONES, M. D. Registrar. OK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/17/26

17- I HEREBY CERTIFY, That I attended deceased from June 5 1926 June 17 1926 that I last saw h alive on June 17 1926 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH was as follows:
Pernicious Anaemia + Myocardial Insufficiency
(Duration) 2 ? ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy
(Duration) — yrs. — mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No. What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. Wilson Cook M. D.
6/17 1926 (Address) 7-707 Cathedral Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Har Sinai Cemetery	June 21 1926
20-UNDERTAKER. J. Ahrens & Co	ADDRESS 330 Eastern Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

11627

HEALTH DEPARTMENT—CITY OF BALTIMORE E 11627

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeths' Home St., 91 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Dixon

(a) Residence No. St. Elizabeths' Home Chestnut Hill ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, negro

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 19/1924

7-AGE, ...yrs. 2 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Boston

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Elizbeth Dixon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

14- (Informant).....

(Address).....

15- Filed JUN 28 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 18, 1926

17- I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to June 18, 1926, that I last saw h.. alive on June 17, 1926, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frank J. Ayd, M. D.

June 18, 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ADDRESS

JOHNS HOPKINS HOSPITAL JUN 28 1926

Spec.—1-10-21—M&T—1500 Bks.

E 11628 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11628

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 4-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Sunnatt

(a) RESIDENCE NO. 742½ W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Safe Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

Filed JUN 18 1926 C. HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 14, 1926, that I last saw him alive on June 14, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of colon

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

6/15/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

JUN 18 1926

Spec.—1-10-21—M&T—1500 Blks.

E 11629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11629

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 5-2 WARD)

2-FULL NAME Annie Jones

(a) RESIDENCE NO. 812 Low ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE — Years: 52 yr — Months: — Days: — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Baltimore City Hospitals (Address) Blank

15 Filed ..... 19 ..... Registrar

8 1926 ..... MRP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 16, 1926, that I last saw her alive on June 15, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) ..... yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lindsay Miller, M. D.

6/16, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: .....

DATE OF BURIAL 19

20 UNDERTAKER: .....

ADDRESS .....

JOHNSON JONES, M. D. JOHNSON JONES, M. D. UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 11630 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11630

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Caroline St., 7-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Brown

(a) RESIDENCE NO. 609 N. Caroline ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Martha Brown

6 DATE OF BIRTH (month, day, and year) May 1, 1895

7 AGE: Years 31 | Months — | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Newbern N.C.

PARENTS

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Mrs Martha Brown (wife)

(Address) 609 N Caroline at

15 8 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 15, 1926, that I last saw h.. alive on June 15, 1926 and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. T. Goring M. D.

6/16, 1926 (Address) 14 Eg & Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 6/19 1926

20 UNDERTAKER Byrom & Wright

ADDRESS 1218 McElderry St

Spec.—[illegible]—A Co.—200 Bks.

B 11631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11631

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Baker

(a) RESIDENCE NO. 814 Dupont St. Wilmington Del Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1900

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
25	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond Va.

PARENTS

10 NAME OF FATHER John McIntosh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Rebecca Clayton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 1926 (19) C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from ....., 19 26, to June 18th, 19 26, that I last saw h[illegible] alive on June 18th, 19 26 and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) .....yrs. .....mos. 20 ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis

(duration) .....yrs. .....mos. 20 ds.

18 Where was disease contracted if not at place of death? Wilmington, Del.

Did an operation precede death? No Date of .....

Was there an autopsy? Yes No

What test confirmed diagnosis? Lumbar Puncture

(Signed) S. Bowles Rudys, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Date of Burial

Orange Va 6/20 1926

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

Spec.—12-9-25—A Co.—200 Bks.

Dr Friedenwald 1013 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11632 **E 11632**

CERTIFICATE OF DEATH.

89

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4305 Grunmount Ave St., 27 Ward)

2-FULL NAME Mary B. Phillips

(a) **RESIDENCE NO.** 4305 Grunmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry M Phillips

6 DATE OF BIRTH (month, day, and year) Feb 27. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Henry S Thuler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel Chidcoat

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Harry M Phillips

(Address) 4305 Grunmount Ave

C. HAMPSON JONES, M. D.

Filed ....., 19 .....

8 1926 A.B.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1919, to June 14, 1926, that I last saw h.. alive on June 14, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY Arteria Sclerosis,

(Secondary) Hypertension.

(duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald, M. D.

, 19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Dobler Cemetery, Balt County Jan 19 1926

20 UNDERTAKER ADDRESS

W. M. Cook 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11633 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11633

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jessie Coats

(a) RESIDENCE NO. 1126 Spring Road Washington D.C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Coats

6 DATE OF BIRTH (month, day, and year): Feb. 8-1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Belle Towne

(Address) 1126 Spring Rd N.W. D.C.

8 1926 . 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-18 1926.

17

I HEREBY CERTIFY, That I attended deceased from 6-2-26 19 to 6-18 19 26.

that I last saw her alive on 6-18 19 26

and that death occurred, on the date stated above, at 1 32 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ca Pituitary with Pituitary involvement & Dyspnea. (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, X-ray + Lab.

(Signed) Chas D. Brunton M. D.

6/18, 19 26 (Address) 1122 No Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chesapeake Beach md

DATE OF BURIAL: 6/19 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E. Mt

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11634

E 11634

182

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Harlow (Caroline) St. B-4 Ward)

2-FULL NAME Adam Kobus

(a) RESIDENCE NO. Not Known St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	N.K.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Poland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) —

14 Informant _____

(Address)

15 Filed _____ 19 ____ C. EAMPSON JONES, M. D. Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) ____ yrs. ____ mos. ____ ds.

June 15 1926 (Signed) C. Hadley M. D. (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

PUBLIC CEMETERY. JUN 18 1926 19

20 UNDERTAKER _____ ADDRESS _____

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11635

CERTIFICATE OF DEATH.

161-001 ✓ **E 11635**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 939 Madison Ave St. 11 Ward)

2-FULL NAME Rudolf Davis

(a) RESIDENCE NO. 939 Madison Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ___ mos. (ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 17/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Rudolf Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Barbadoes W.I.

12 MAIDEN NAME OF MOTHER Martha Heywood

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cuba Havana

14 Informant Rudolf Davis

(Address) 939 Madison Ave

15 Filed 8 1926 C. HAMPSON JONES M. D. Registrar

By MCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to June 18, 1926, that I last saw him alive on June 18, 1926, and that death occurred, on the date stated above, at 8 1/2 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth, 7 month.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel A. Rawe M. D.

, 19 (Address) 939 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial June 19 1926

20 UNDERTAKER Frank Ewald Son ADDRESS 1906 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11636

CERTIFICATE OF DEATH.

124 E 11636

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2614 Lyolla Southern 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Albert

(a) RESIDENCE NO. 2614 Lyolla Southern Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Albert

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 69 | Months 5 | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Linton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Linton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Mrs Will Davis

(Address) 2614 Lyolla Southern

15 Filed 1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15th 1926 to June 18th 1926, that I last saw him alive on June 18th 1926 and that death occurred, on the date stated above, at 11309 m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Heart Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J E Boulton, M. D.

6/18/, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Milwaukee Wis — Date of Burial 6/18 1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balt St

Spec.—12-25—Co.—200 Bks.

92672

E 11637

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 11637

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 4-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Carter

(a) RESIDENCE NO. 2012 Division St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1882

7 AGE: Years 44 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Mr Hockan

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va -

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed _____ 19___ C. HAMPSON JONES, M. D. Registrar

JUN 8 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 7th, 1926, to June 17th, 1926, that I last saw her alive on June 17th, 1926, and that death occurred, on the date stated above, at 10:00 a. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ___ yrs. ___ mos. 12 ds.

CONTRIBUTORY (Secondary) Pentonitis

(duration) ___ yrs. ___ mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of June 7th.

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) Wallace M Ferson M. D.

, 19 (Address) 711 N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisterstown Va Date of Burial: June 18 1926

20 UNDERTAKER: Mrs P. A. Elliott ADDRESS: 722 Eastland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11638 E 11638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Royer

(a) RESIDENCE No. 186 W. Main St Westminster WARD, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, and year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm Snedser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Harry Bankard
(Address) Westminster Md

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19-1926

17 I HEREBY CERTIFY, That I attended deceased from 5-6-, 1926, to 6-19-, 1926, that I last saw her alive on 6-19-, 1926 and that death occurred, on the date stated above, at 4 07 a. m.

The CAUSE OF DEATH* was as follows:

1) Exophthalmic goitre
2) Hemorrhagic purpura
1) about 1 yr. from beginning
(duration) 2) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No-

What test confirmed diagnosis? Phys. Exam.

(Signed) Era F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Meadow Brook — DATE OF BURIAL Dec 1926

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md

Spec.—1-10-21—M&T—1500 Bks.

E 11639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11639

CERTIFICATE OF DEATH.

122-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 321 E. Biddle ST., 11-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard T. Franck

(a) RESIDENCE NO. 321 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bevans Franck

6 DATE OF BIRTH (month, day, and year) Nov. 16-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. 086

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. F+G. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo C. Franck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary A. Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary C. Franck

(Address) 321 E. Biddle St

15 Filed ..... 19 ..... Registrar

9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to June 17, 1926.

that I last saw h— alive on June 17, 1926.

and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions 6 hrs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine, M. D.

June 19, 1926 (Address) 14 So. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL June 21 1926

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

Spec.—1-12-23—M&T—500 Blks.

E 11640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11640

CERTIFICATE OF DEATH.

47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-2 WARD)

2-FULL NAME Mary Henderson

(a) RESIDENCE NO. 900 Broad St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1878

8 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
48			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Eliza Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Geo. Evans 900 Broad St.

Filed 6 9 1926, 19 SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16-1926

17 I HEREBY CERTIFY, That I attended deceased from 6-15-, 1926, to 6-16-, 1926, that I last saw her alive on 6-16-, 1926, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast -

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Metastasis to Mediastinum - Pneumonia Edema (duration) yrs. mos. 4 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. F. Bongard M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 6/19/26

20 UNDERTAKER Samuel Bowley & Bro. ADDRESS 1125 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 11641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11641

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Josephs Hospital

REGISTERED NO. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver Sts., WARD)

2-FULL NAME George Wm. Smith.

(a) RESIDENCE NO. 1418 E. Oliver St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 0 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	white	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/17/1904

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	21	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Helper. 059

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant John Smith (Address) 1418 E. Oliver St.

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per MM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/14/26, 1926, to 6/18/26, 1926, that I last saw him alive on 6/18/26, 1926, and that death occurred, on the date stated above, at 5:10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 4 days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. R. McConnell M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 6/21/26 19

20 UNDERTAKER George J. Pfeltz Son

ADDRESS 1735 Hanover

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11642

CERTIFICATE OF DEATH.

179 E 11642

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 - Evergreen Ave St., 27-11 Ward)

2-FULL NAME Emma Pirozzi

(a) RESIDENCE NO. 107 - Evergreen Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 30 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (~~HUSBAND~~ of) (or) WIFE of: Vincent Pirozzi

6 DATE OF BIRTH (month, day, and year): 8-28-1864

7 AGE: Years 61 | Months 9 | Days 21 | IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Sweden

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country): 11

12 MAIDEN NAME OF MOTHER: 11

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country): 11

14 Informant: Vincent Pirozzi

(Address): 107 - Evergreen Ave

15 _____, 19____

C. THOMPSON JONES, M.D., Registrar.

Per _____

9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 18, 1926, that I last saw her alive on June 18, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Nephritis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Laboratory

(Signed) P. Artigiani, M. D.

____, 19____ (Address) 2946 Fayette E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

Date of Burial: 6/21/26.

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Hoffman

Spec.—1-10-21—M&T—1500 Bks.

(Amend 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11643 E 11643

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH East Baltimore General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayon and Dukeland ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliet Amend

(a) RESIDENCE NO. 3306 W. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Amend

6 DATE OF BIRTH (month, day, and year) July 22, 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER E. Dudley Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Amelia Co. Va

12 MAIDEN NAME OF MOTHER Jane Mary Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Jane Mary Hanson

(Address) 3306 W. North ave

15 6 1926 C. HAMPSON JONES, M. D. Registrar

Per A H W

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/15 1926 to 6/18 1926, that I last saw her alive on 6/18 1926, and that death occurred, on the date stated above, at 7:00 a. m.

The CAUSE OF DEATH* was as follows:

Subacute Contorial endocarditis

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber M. D.

1926 (Address) W. B. 9 10

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery Ellicott City Md — DATE OF BURIAL 6/20/26

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11644 E 11644

CERTIFICATE OF DEATH.

REGISTERED NO. 170

1-PLACE OF DEATH

City of BALTIMORE: (No. Hotel Fayette 414 W Fayette St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo J. Newburgh

(a) RESIDENCE NO. 3703 Liberty Heights St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jean G. Newburgh

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Flour

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Kentucky

PARENTS

10 NAME OF FATHER Joseph Newburgh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Lowman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mrs. L. J. Newburgh

(Address) 3703 Liberty Heights

C. HAMPSON JONES, M. D.

9 1926 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gun Shot Wound of Chest.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

(Signed) G. C. Blades M. D.

(Coroner)

June 17, 1926 (Address) 1431 E Biway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Crematory	6/21/1926

20 UNDERTAKER David Landsman ADDRESS 1530 Mt. Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 11645

HEALTH DEPARTMENT—CITY OF BALTIMORE

11645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 18-1 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zebediah Taylor

(a) RESIDENCE NO. 1129 Sarah Ann Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of Ella Taylor (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Wisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 1926 19 CAMPBELL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18- 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-15- 26 to 6-18- 1926, that I last saw him alive on 6-18- 26 and that death occurred, on the date stated above, at 12.45P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Feldmuth M. D.

6/19/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dexter Mary Land DATE OF BURIAL 6-21-26

20 UNDERTAKER John H. Kane Sons ADDRESS 440 Mad

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11646

CERTIFICATE OF DEATH.

E 11646

1-PLACE OF DEATH

City of BALTIMORE: (No. 103 S. 4th St., 26 Ward) Registered No. 15-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Cress

(a) Residence No. 103 S. 4th St., 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 19 1926

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 2 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wilmer Cress

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Myrtle Burke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Myrtle Cress

(Address) 103 S. 4th St

15- 6/19 1926 C. HAMPSON JONES, M. D. Registrar.

Per AKH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 19 1926

17- I HEREBY CERTIFY, That I attended deceased from June 19 1926 to June 19 1926

that I last saw him alive on June 19 1926

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cystic Liver

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of ....

Was there an autopsy? no

What test confirmed diagnosis Observation

(Signed) Horace B Luther M. D.

6/19 1926 (Address) 315 S. Highlandtown

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Pr Mt Carmel DATE OF BURIAL June 19 26

20-UNDERTAKER Tom Cook ADDRESS 622 Wood Ave

Spec.—1-10-21 M&T 1500 Bks.

E 11647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11647

CERTIFICATE OF DEATH.

37-001

6-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., C.H.) WARD)

2-FULL NAME Edward Smith

(a) RESIDENCE NO. 405 Dallas st. North ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) District of Columbia

PARENTS

10 NAME OF FATHER John Smith ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M.D. Registrar

9 1926 Per BPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 17, 1926, that I last saw him alive on June 17, 1926, and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm e Lane Jr M. D.

6-17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health. JUN 19 1926

Spec.—1-10-21—M&T—1500 Bks.

E 11648 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11648

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH 431 N. Kenwood Ave 6-3 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smelter

(a) RESIDENCE No. 431 N. Kenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Michael Smelter

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1844

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 Yr	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~000~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Leonard Smelter

(Address) 431 N. Kenwood ave

15 Filed NOV 19 1926 By C. HAMPSON JONES, M. D. Registrar Per Hasse

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1925 to June 17 1926.

that I last saw h[illegible] alive on June 16 1926;

and that death occurred, on the date stated above, at 5 25 P m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Dobihal M. D.

19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL 6/21-1926

20 UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann St

Spec.—1[illegible]5—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11649

CERTIFICATE OF DEATH.

E 11649

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Carey

(a) RESIDENCE NO. 219 N W 6th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Divorced.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Service

(b) General nature of industry, business, or establishment in which employed (or employer) O/O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Europe

PARENTS

10 NAME OF FATHER Thomas Tynes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Europe

12 MAIDEN NAME OF MOTHER Cecilia Tynes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Europe

14 Informant Rec'd by (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 5th, 1926, to June 18th, 1926,

that I last saw h[illegible] alive on June 18th, 1926,

and that death occurred, on the date stated above, at 12[illegible] m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) ~~[illegible]~~ wood obstructed jaundice duodenal ulcer

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Florida

Did an operation precede death? Yes Date of June 16.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Warfield M Jones, M. D.

6/19 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Miami Florida Date of Burial 6-19-26

20 UNDERTAKER Mrs Geo. H. Holland ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11650

188-003

E 11650

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 5-1 Ward)

2-FULL NAME Robert J Mc Shane

(a) RESIDENCE NO. 6 N. Front St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 13-1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer OHO

(b) General nature of industry, business, or establishment in which employed (or employer) Garage Work

(c) Name of employer Self

9 BIRTHPLACE (city or town) City

(State or country) —

PARENTS

10 NAME OF FATHER Dr James Mc Shane

11 BIRTHPLACE OF FATHER (city or town) City

(State or country) —

12 MAIDEN NAME OF MOTHER Bradley

13 BIRTHPLACE OF MOTHER (city or town) City

(State or country) —

14 Informant Lillian [redacted] Moss

(Address) 4511 Reisterstown Rd

Filed 6 1926, 19____ C. HAMPSON JONES, M. D. Registrar

Per —

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably fracture of base of skull. Fell out of automobile (duration) a yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental (duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

6/19, 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial 6/19 1926

20 UNDERTAKER J.J. Moran ADDRESS 3000 E. Baltimore St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11651

CERTIFICATE OF DEATH.

84

E 11651

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

2-FULL NAME George C. Michel

(a) RESIDENCE NO. 610 N. Broadway St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. ____ mos. 9 dys. ____ How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds. ____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Jacobson

6 DATE OF BIRTH (month, day, and year) Sept 4-1883

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
42	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer) 138

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Wisconsin

PARENTS

10 NAME OF FATHER Fred R. Michel

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Wisconsin

12 MAIDEN NAME OF MOTHER Pauline Ender

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Wisconsin

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed _____, 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to June 19, 1926, that I last saw h.. alive on June 19, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Brain tumor

(duration) ~~yrs~~ 3 mos. ~~ds.~~

CONTRIBUTORY (Secondary) Edema of glottis

(duration) ~~yrs~~ ~~mos.~~ 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of June 11, 26

Was there an autopsy? Yes Partial

What test confirmed diagnosis? _____

(Signed) Ferdinand Lee, M. D.

, 19 (Address) John Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portage Wis Date of Burial June 20 26

20 UNDERTAKER John O. Mitchell ADDRESS 201 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

11652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11652

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Lakewein Ave ST.) 136 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Goldsmith

(a) RESIDENCE NO. 2408 Lakewein Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Phillip Goldsmith

6 DATE OF BIRTH (month, day, and year) ~~December~~

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Motow (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Jonah Aaronstam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Goldsmith

(Address) 2408 Lakewein Ave

15 Filed 20 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924, to June 18, 1926, that I last saw h[illegible] alive on June 18, 1926, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Melanotic sarcoma of right small toe

(duration) 3 yrs. 6 mos ? ds.

CONTRIBUTORY (Secondary) Sarcoma of liver

(duration) yrs. 6 mos. ? ds.

18 Where was disease contracted if not at place of death? April 20, 1924

Did an operation precede death? yes Date of Dec 10, 1924

Was there an autopsy? no

What test confirmed diagnosis? microscopic examination

(Signed) Frank Lemmon, M. D.

6/20, 1926 (Address) 220 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Jacob Cemetery

DATE OF BURIAL 6/20 1926

20 UNDERTAKER F. Lemmon Bro

ADDRESS 1127 E Balto St

Spec.—12-9-26—Co—200 Bks.

1926 E 11653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 E 11653

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 83 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Matthews

(a) RESIDENCE NO. 1324 E Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5y yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balto.

(State or country)

PARENTS

10 NAME OF FATHER Amelius Matthews

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Jefferson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 2 0 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17th 1926, to June 19th, 1926, that I last saw her alive on June 19th, 1926, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis, acute

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 . (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial June 21 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1725 Oakland

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11654

CERTIFICATE OF DEATH.

31 E 11654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4407 Beauregard St. 27-9 WARD)

2-FULL NAME James Mitchell

(a) RESIDENCE No. 4407 Beauregard Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 - 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Green Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala.

12 MAIDEN NAME OF MOTHER Susie Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Annie Martin

(Address) 4407 Beauregard Ave

Filed JUN 20 1926 THOMPSON JONES, M. D. Registrar

P. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 3rd 1926 to June 18 1926

that I last saw h alive on June 16 1926

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs 1 mos 15 ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harry F Brown, M. D.

6/19 1926 (Address) 1916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cushing Cemetery	June 20 1926
20 UNDERTAKER	**ADDRESS**
Mrs. R. A. Elliott	1725 Ashland

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

CERTIFICATE OF DEATH.

E 11655

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
E 11655
City of BALTIMORE: (No. 1814 Orleans St., 6-1 Ward)

2-FULL NAME Elizabeth Hanson

(a) RESIDENCE NO. 1814 Orleans St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 57 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Sellman

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Md.

14 Informant Mary Hanson
(Address) 1814 Orleans St.

15 Filed _____ 19 _____ C. CHAMPION JONES, C. H. D.
NOV 20 1926 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1926

17
I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 16, 1926, that I last saw h alive on June 16, 1926, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)

(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY _____
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____

(Signed) W Clyde Burns, M. D.
6-17-26 (Address) 2017 E 3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial June 20 1926

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS 1727 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11656

90 ✓

CERTIFICATE OF DEATH.

E 11656
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1337 Morling ave St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A Cole

(a) RESIDENCE NO. 1337 Morling ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rizah J Cole

6 DATE OF BIRTH (month, day, and year) May 18 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor 016

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) MD

PARENTS

10 NAME OF FATHER Cavon S Cole

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Katherine Frank

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Raymond Cole

(Address) 1337 Morling Ave

Filed JUN 16 1926, 19 HAMPSON JONES, C. H. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 10 1926, to June 19 1926, that I last saw h... alive on June 18 1926, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(duration) 2 yrs. mos. ds. 0020

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C F Jungeblut M. D.

6/14 1926 (Address) 3201 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trenton Balto Co. Date of Burial June 21 1926

20 UNDERTAKER Thos Cherrix & Son ADDRESS 3615 Chestnut Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 11657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Bethel St. W. Ward)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arlin Webb

(a) RESIDENCE. No. 324 S. Bethel St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Bl.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16-1925

7 AGE: Years 1 Months 1 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S.

12 MAIDEN NAME OF MOTHER: Bertha Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Bertha Webb

(Address) 324 S. Bethel St.

Filed NOV 20 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18th, 1926, to June 19th, 1926

that I last saw her alive on June 18, 1926

and that death occurred, on the date stated above, at 3:40 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Wessner, M. D.

June 19, 1926 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: June 21 1926

20 UNDERTAKER: Theodore Tolite ADDRESS: 113 S. Wolfe St.

Spec.—12-9-25—2 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 11658

CERTIFICATE OF DEATH.

51 E 11658
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Fregal. (Figol)

(a) RESIDENCE NO. 407 S. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May. 17-1909

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa.

PARENTS

10 NAME OF FATHER John Fregal

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Kitty Rona

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Australia.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES Registrar

JUN 20 1926

Par. JK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 26th, 1926, to June 17th, 1926, that I last saw h.. alive on June 17th, 1926, and that death occurred, on the date stated above, at 12.35 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic endocarditis with mitral stenosis and insufficiency - aortic insufficiency - adherent pericarditis - myocardial failure (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Eastes Andrus, M. D.

6/19, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Forty Rosary Cem	6/21 1926.
20 UNDERTAKER	ADDRESS
William F. Allsopp & Co.	618 Eastern Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11659

CERTIFICATE OF DEATH.

161-001

E 11659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Bradford St. 7-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Lang

(a) RESIDENCE. No. 530 N. Bradford St St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14/1926

7 AGE — Years — Months — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER John G. Lang

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Leonard

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

PARENTS

14 Informant Mrs. Jennie Lang
(Address) 530 N. Bradford St

15 Filed 0 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to June 19, 1926, that I last saw h[illegible] alive on June 18, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm G Leyh M. D.

, 19 (Address) #26 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: June 21 1926

20 UNDERTAKER: Mrs. C. Miller & Son — ADDRESS: 2334 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11660

CERTIFICATE OF DEATH.

+ 31 E 11660

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St., 9-7 Ward)

2-FULL NAME Anthony Horner

(a) RESIDENCE NO. Chesdeo ave Roseburg, Md.,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. 1+ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 7-1915

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles J. Horner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Catherine Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md.

14 Informant Charles J. Horner
(Address) Chesapeake Paper Products

15 Filed ....., 19 .... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to June 18, 1926, that I last saw him alive on June 18, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary T.B. (Left Apex)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes What test confirmed diagnosis? Clinical & Post-mortem.

(Signed) Clement R. Manrai, M. D.

, 19 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	June 21 1926
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11661

CERTIFICATE OF DEATH.

46

E 11661

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 735 S. Wolfe St. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Hilker

(a) RESIDENCE NO. 735 S. Wolfe St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8 -- 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Atlantic

(b) General nature of industry, business, or establishment in which employed (or employer) Can Co. 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frederick B. Hilker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Beck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary A. Lynch (Mother)

(Address) Charles & Lee Sts.

15 Filed _____ 19____ C. HAMPSON JONES, Registrar

JUN 20 1926 Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 17, 1926, that I last saw h.. alive on June 17, 1926, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 1925

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) Alfred A Bondeck, M. D.

June 18 1926 (Address) 2251 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Pauls Cem. June 21 1926

20 UNDERTAKER ADDRESS

Lilly & Zeiler 403 S Wolfe St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11662 — 47 E 11662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Parkwood Av ST 16-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. N. Combs

(a) RESIDENCE NO. 4 Parkwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E Combs (dead)

DATE OF BIRTH (month, day, and year) Dec 13 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	58	6	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Lonaconing Maryland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Geo Combs
(Address) 2833 Harford Ave

Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to June 17, 1926,

that I last saw h— alive on " 16 1926

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Erysipelas,

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis of Face Chronic (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

Signed Adam J Lemmon, M. D.

6/18, 1926 (Address) 618 N Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	6/21/26 19
20 UNDERTAKER Geo Lennhardt Sr	ADDRESS 647 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11663

CERTIFICATE OF DEATH.

E 11663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Hoffman ST. 17-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Brown

(a) RESIDENCE NO. 504 N. Hoffman ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Thomas Brown

6 DATE OF BIRTH (month, day, and year) — — 1869

7 AGE: Years 57 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 03
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) "
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Basil Brown
(Address) 504 N. Hoffman St.

15 Filed JUN 20 1926, 19... C. HARRISON JONES, Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1925, 19... to June 18, 1926, that I last saw h[illegible] alive on June 18, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY ✓ (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) H. Lee Ohio, M. D.
6/18, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem
DATE OF BURIAL: June 21 1926

20 UNDERTAKER: David Easton
ADDRESS: 946 Ba[illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11664

CERTIFICATE OF DEATH.

90 E 11664

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1055 Argyle Ave. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ignatius Miles

(a) RESIDENCE NO. 1055 Argyle Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 3m mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Alice V Miles

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer: Don't No

9 BIRTHPLACE (city or town) (State or country): Saint Marys County Md

PARENTS

10 NAME OF FATHER: Ignatious Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys County

12 MAIDEN NAME OF MOTHER: Lucy Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co

14 Informant (Address): 1055 Argyle Ave

15 Filed NOV 20 1926. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-18- 1926

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1926, to June 18, 1926.

that I last saw h alive on June 16, 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Val Dis of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. J. Nicholas, M. D.

, 19 (Address) 607 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: June 21/26

20 UNDERTAKER: Daniel Easton

ADDRESS: Paine

Cor.—12-9-25—A Co.—200 Bks.

E 11665

HEALTH DEPARTMENT—CITY OF BALTIMORE

187-007

CERTIFICATE OF DEATH.

E 11665

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 6-2 Ward)

2-FULL NAME Victor Stein

(a) RESIDENCE NO. 25 N. Chester St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stripper Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Cloth

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) Russia

PARENTS

10 NAME OF FATHER B. Mermelstein

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Moss.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant B. Mermelstein

(Address) 25 N Chester

15 Filed_____ 19_____ C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. fract tibia & fibula left Contusion Chest. Struck by iron beam accidently

3 dy (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia lobar. confluent

(duration) yrs. mos. ds.

June 19 (Signed) [illegible] M. D.

(Coroner)

, 19 26 (Address) 1637 Linn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 3 dy yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Mt Carmel 6-20 1926

20 UNDERTAKER ADDRESS

Jack Heins, 1439 E Pratt

Spec.—1-12-23—M&T—500 Blks.

E 11666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lenidale Hospital

CITY OF BALTIMORE: (No. Lombard + Wolfe St., 4th WARD)

2-FULL NAME Frank Easton.

(a) RESIDENCE NO. Lothian md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1929 E 11666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Easton.

DATE OF BIRTH (month, day and year) Unknown.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Oscar Easton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Priscilla Scrivener

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Frank Easton Jr.

(Address) Lothian. P.O. Md.

Filed ....., 19 .....

JUN 20 1926

C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-20-, 1926, to 6-19, 1926.

that I last saw him alive on 6-19-, 1926

and that death occurred, on the date stated above, at 2:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

Generalized Arteriosclerosis

c Bedding Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bedding Uremia

c Cardiac Dilatation yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory - etc.

(Signed) W. C. Lennon, M. D.

(Address) Md. Gen. Hosp. 1911 Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lothian A.M.E. Zion Md.

DATE OF BURIAL 6/22 1926.

20 UNDERTAKER E. H. & B. Parker

ADDRESS 92 West.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11667

CERTIFICATE OF DEATH.

185

E 11667

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ Hosp. St. 19-1 Ward)

2-FULL NAME Vernon Leslie Carr.

(a) RESIDENCE NO. 117 S. Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20-1888

7 AGE: Years 38 Months 3 Days 30

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Helper

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER: Uriah A. Carr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Jane O. Wall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant: Mrs. Ida Carter

(Address) 117 S. Calhoun St.

15 Filed ..... C. HAMPSON JONES, M. D.

Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident (6 hrs)

Fract of Skull.

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Compression

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Gladst, M. D.

(Coroner)

June 20 26 (Address) 1436 B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial June 22 1926

20 UNDERTAKER: George L. Johnson ADDRESS 1101 Eutaw Pl.

D 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11668

CERTIFICATE OF DEATH.

112

E 11668

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 218 S. Eutaw St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Miller

(a) RESIDENCE NO. 218 S. Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Miller

6 DATE OF BIRTH (month, day, and year): May 15-1877

7 AGE: Years 49 Months 1 Days 3

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Charles P. Sales

11 BIRTHPLACE OF FATHER (city or town): Balto Co.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Elmira Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto Co.

(State or country): Md.

14 Informant: Charles Miller

(Address) 218 S. Eutaw St.

Filed JUN 20 1926 C. HAMPSON JONES, M. D. Registrar

Per R. C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Dis't.

Indigestion (Duration) yrs. 2 mos. Lbs

CONTRIBUTORY (Secondary) Acute Dis't (Duration) yrs. mos. 1 hr

(Signed) J. C. Wades M. D. (Coroner)

June 1926 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial June 19 26

20 UNDERTAKER: George L. Schmat ADDRESS 2211 Orleans Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11669

E 11669

CERTIFICATE OF DEATH.

122-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 610 E. Eager ST. 10-1 WARD)

2-FULL NAME Nora Connelly

(a) RESIDENCE NO. 610 E. Eager ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W Tule	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Connelly.

6 DATE OF BIRTH (month, day, and year) June 18, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas R Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Kernan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edward J. Connelly

(Address) 610 E. Eager St.

15 JUN 20 1926 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926 to June 18, 1926

that I last saw her alive on June 17, 1926

and that death occurred, on the date stated above, at 3309 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) John D. Ford, M. D.

6/19 1926 (Address) 936 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL June 21 1926

20 UNDERTAKER Elmer W. Conklin — ADDRESS 924 E. Eager St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11670

CERTIFICATE OF DEATH.

188-003

E 11670

REGISTERED NO.

1-PLACE OF DEATH 7½

City of BALTIMORE: (No. 71/2 Parkwood Ave St. 76-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME F. Charles Pabst

(a) RESIDENCE NO. 71/2 Parkwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine J. Pabst

6 DATE OF BIRTH (month, day, and year) Aug 9/1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 31

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Pabst

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Alterwogt

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Katherine J. Pabst

(Address) 71/2 Parkwood Ave

15 Filed 19 THOMPSON JONES, M. D.

Registrar

20 1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental death-struck by automobile- Probable fracture of skull at base.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Falcon, M. D. (Coroner)

(Address) 508 E. North Ave

19 6/19/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz' Cemetery Date of Burial June 21 1926

20 UNDERTAKER Zirkler & Zirkler ADDRESS 1737 E. Eager St.

Spec.—12-9-25—A Co.—200 Bks.

E 11671

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-801 E 11671

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 N. Front St. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edna Miller

(a) RESIDENCE NO. 121 N. Front St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Miller

6 DATE OF BIRTH (month, day, and year): July 2. 1878

7 AGE: Years 47. Months 11 Days 26 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer

9 BIRTHPLACE (city or town) Staten Island (State or country) New York.

PARENTS

10 NAME OF FATHER John Statter

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) New York.

12 MAIDEN NAME OF MOTHER Engelina Drake

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) New York.

14 Informant Herman Miller (Address) 121 N. Front St.

15 Filed ____, 19____ Registrar

NOV 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16th 26 19

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to June 17th, 1926, that I last saw h.. alive on June 17th, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ____ yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ____ yrs. ____ mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical [illegible] findings

(Signed) Michael A. Brannan, M. D.

, 19 (Address) 1736 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation Loudon Park. Date of Burial 6/21 1926.

20 UNDERTAKER: Wendell Hoppel & Son ADDRESS 37 S. Howard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11672

CERTIFICATE OF DEATH.

185 E 11672

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Front of Court House St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Vincent Vincent

(a) RESIDENCE NO. 2778 N Mart St. _____ Ward _____

(Usual place of abode) unknown

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Benson

6 DATE OF BIRTH (month, day, and year) Dec 16 - 1883

7 AGE: Years 42 Months 6 Days 2 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer): Dep Store

(c) Name of employer Hutzler Bros

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John T. Dwyer

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hardy

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ireland

14 Informant Mrs. Wm. G. Lauer

(Address) 1001 Edmondson Ave

15 Filed _____ 19 _____ Registrar.

20 1926 LK.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation following a accidental fall in street & front Cerebral hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) accident

(duration) ____ yrs. ____ mos. ____ ds.

Jan 19 (Signed) [illegible] M. D.

, 19 26 (Coroner) Address) 1656 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial: 6/22 - 1926

20 UNDERTAKER: H. C. Branning Bon — ADDRESS 517 N Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

K

E 11673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 11673

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Park Heights Ave. ST. 27-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Morgan Slimmer

(a) RESIDENCE NO. 5502 Park Heights Ave. ST., 27 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 52 yrs. 9 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Slimmer

6 DATE OF BIRTH (month, day, and year) Sept-26-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8 2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. for the

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Company

(c) Name of employer Standard Oil Company.

9 BIRTHPLACE (city or town) Linganore
(State or country) Frederick Co. Maryland

PARENTS

10 NAME OF FATHER Philip Slimmer

11 BIRTHPLACE OF FATHER (city or town) Frederick Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachael Hyde

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co.
(State or country) Maryland

14 Informant Mrs. Bertha L. Slimmer (wife)
(Address) 5502 Park Heights Ave.

15 Filed 20 1926 19 HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926 to June 18, 1926.

that I last saw him alive on June 18, 1926

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with hypertension.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood pressure, Urine examination, symptoms.

(Signed) [illegible] M. D.

, 19 (Address) 3429 Chestnut Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	June-21-26 19

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11674

CERTIFICATE OF DEATH.

90 E 11674

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12-W-20th St. ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Resident

2-FULL NAME Ida B. Clark

(a) RESIDENCE NO. 2209-Oak- ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 62 yrs. 9 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of James A Clark

6 DATE OF BIRTH (month, day, and year) Aug-31-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Shoes 088

(c) Name of employer G. H. Gosnell & Son

9 BIRTHPLACE (city or town) New Windsor

(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER William Greenwood

11 BIRTHPLACE OF FATHER (city or town) New Windsor

(State or country) Carroll Co. Md

12 MAIDEN NAME OF MOTHER Eliza Greenwood

13 BIRTHPLACE OF MOTHER (city or town) New Windsor

(State or country) Carroll Co. Md

14 Informant Mrs. Mary D Davidson (sister)

(Address) 111-N. Fulton Ave.

15 Filed ..... 19 ..... Registrar

HAMPSON JONES, M. D.

JAN 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 - 1926.

17

I HEREBY CERTIFY, That I attended deceased from Feb. V, 1926, to June 19, 1926,

that I last saw h W alive on June 15 - 1926,

and that death occurred, on the date stated above, at 10 15 Am.

The CAUSE OF DEATH* was as follows:

Chronic lung condition

with Hypostatic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Cardiac Dilitation

(duration) yrs. mos. 30 min.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert L. Mitchell, M. D.

June 15 1926 (Address) 2117 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cemetery

DATE OF BURIAL June 21/ 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec. 1-10-21 M&T 1500 Blks.

E 11675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11675

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 E 33rd ST., 9-2 WARD)

2-FULL NAME George P. Knoblock

(a) RESIDENCE NO. 1708 E 33rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER George P Knoblock

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Victoria E Roth

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant J. Frederick Knoblock
(Address) 1708 E 33rd St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

JUN 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to June 19, 1926, that I last saw him alive on June 18, 1926, and that death occurred, on the date stated above, at 10 30a m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 1 yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion a Coma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Alfred Leaf, M. D.

, 19 (Address) 9021 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	June 23rd 1926
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

Spec.—1-10-21—M&T—1500 Bks.

E 11676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11676

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Cecil Ave ST., 9-5 WARD)

2-FULL NAME Geneva A Hooper

(a) RESIDENCE No. 1901 Cecil Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Guy Hooper

6 DATE OF BIRTH (month, day, and year) Aug 27. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42.	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Gustav A Eitel

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Laura A Connor

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Md

PARENTS

14 Informant A. Guy Hooper (Address) 1901 Cecil Ave

15 Filed JUN 19 1926, 19 ... C. HAMPSON JONES, M. D. ... Registrar

2 0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from MAR 8 1926, to JUN 19 1926, that I last saw h alive on JUN 19 1926, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Shock after pulmonary Embolism and intestinal paresis

(duration) X yrs X mos 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia (cerebral Embolism) (duration) X yrs 3 mos 11 ds.

18 Where was disease contracted if not at place of death? Home Endocarditis

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. H. Duker M. D.

(Address) 928-6 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	June 21 1926
20 UNDERTAKER John Merrick	ADDRESS 2008 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11677

CERTIFICATE OF DEATH.

38 E 11677

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno Murphy

(a) RESIDENCE NO. 1212 S Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept 5-1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Mike Murphy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Ann —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs Alice Murphy

(Address): 1212 Schroeder St

Filed JUN 20 1926 HAMPSON JONES Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 18-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration: yrs. mos. ds.

(Signed) W. J. Riley M. D.

(Coroner)

June 19, 1926 (Address) 16 S 9th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial June 21 1926

20 UNDERTAKER: H. C. Krause & Son ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

Franke

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-001

E 11678 — E 11678

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Hamburg ST. 23-1 WARD)

2-FULL NAME John W. Toner

(a) RESIDENCE NO. 110 W. Hamburg ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Catherine Toner

6 DATE OF BIRTH (month, day, and year): June 3 - 1866

7 AGE — Years: 63 — Months: ..... — Days: 15 — If LESS than 1 day, hrs. or min.: .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dist Supt

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Balto City Dept

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo W. Toner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Annie E. Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Catherine Toner

(Address) 110 W. Hamburg

15 Filed 6 20 1926 C. HAMILTON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/18 — 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/17 — 1926 to 6/18 — 1926

that I last saw h— alive on 6/18 — 1926

and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Suffocation

due to Tumor of Neck

(duration) 18 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Deposited

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Duffield Jr. M. D.

19 (Address) 1320 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: June 21 1926

20 UNDERTAKER: J. a. Wanser & son — ADDRESS: 723 Hamm

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11679

101-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 11679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Bellevue ave ST. 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Meyd

(a) RESIDENCE No. 22 Bellevue ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Fannie F. Meyd

6 DATE OF BIRTH (month, day, and year) May 14th 1851

7 AGE 75 Years 7 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER Francis Meyd

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Schreyer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant John F. Meyd (Address) 22 Bellevue ave

15 JUN 20 1926 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13th, 1926, to June 14th, 1926.

That I last saw her alive on June 18th, 1926

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) E. E. Selby, M. D.

(Address) 22 E. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL June 22 1926

20 UNDERTAKER F. A. Schwaner & Son ADDRESS 703 Han

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 11680

11680 OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. E. Balto. Gen. Hosp. St. 73-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillian Hawkins

(a) RESIDENCE NO. 18 E. Fittings St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced RUSBAND of (or) WIFE of: John Hawkins

6 DATE OF BIRTH (month, day, and year): Sept 27, 1888

7 AGE: Years 37 | Months 9 | Days 21 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Caleb Phelps

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Celina Worley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mr. John Hawkins

(Address): 18 E Fittings

15 Filed ..... 19 ..... H. A. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to June 18, 1926, that I last saw h[illegible] alive on June 18, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure due to hemorrhage

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary)

Carcinoma Cervix (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wilbur G. Fastnow M. D.

, 19 (Address) 123 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial 6/29 1926

20 UNDERTAKER: J. J. Fahey & Sons ADDRESS 131 Light

JUN 20 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11681

CERTIFICATE OF DEATH.

E 11681

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 42-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. Kane.

(a) RESIDENCE NO. 114 E. Montgomery St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of: Mary J. Kane.

6 DATE OF BIRTH (month, day, and year): February 18, 1867

7 AGE: Years 59 Months 4 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Groceryman.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Havre de Grace Md.

PARENTS

10 NAME OF FATHER Michael Kane.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Connolly

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland.

14 Informant Mary J. Kane. (wife)

(Address) 114 E. Montgomery st.

15 Filed....., 19..... C. HAMPSON JONES, M. D.

By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Bernhardt M. D.

(Coroner)

6/18, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 114 E. Montgomery st. June 17, 1926.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: 6/20 1926

20 UNDERTAKER: J. J. Baker & Sons — ADDRESS: 318 Light

Spec.—1-10-21—M&T—1500 Bks.

E 11682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11682

CERTIFICATE OF DEATH.

X 90

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 96-7

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lutz

(a) RESIDENCE No. Dundalk, Md. St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed JUN 20 1926 By C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 19, 1926.

that I last saw him alive on June 19, 1926,

and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Cerebral Haemorrhage (left)

Chronic Myocarditis

? (duration) ..... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia & myo cardial failure (duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Gynaecological Laboratory

(Signed) R. Hooper Lintl M. D.

6-20-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL June 23 1926

20 UNDERTAKER Hughes & Jones Inc — ADDRESS 4x4 N. Bdy

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11683

CERTIFICATE OF DEATH.

1887 001

E 11683

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1726 Division St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Madden

(a) RESIDENCE NO. 1726 Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Madden

6 DATE OF BIRTH (month, day, and year) Jan 11 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co

(State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Jane Griffin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Martha Madden

(Address) 1726 Maryland

Filed JUN 21 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull

Struck with an Elevator

Accidental

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Mathiesen M. D.

(Coroner)

6/20 1926 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL CREMATION OR REMOVAL Pleasant View Cem Md Date of Burial June 22 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1225 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

Sarah Martin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11684

CERTIFICATE OF DEATH.

51 E 11684

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 824 McDonough St., 7-1 Ward)

2-FULL NAME Sarah Martin

(a) RESIDENCE NO. 824 McDonough St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem'l 4 Color or Race C 5 Single, Married, Widowed, or Divorced. (write the word) Wdow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) March 1862

7 AGE Years 64 Months 3 Days ___ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Reuben Stanley

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Hollin

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Hattie Reeves

(Address) 824 McDonough St

15 Filed _____ 19___ HARRISON JONES Registrar

NOV 1926 PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to June 16, 1926, that I last saw h[illegible] alive on June 16, 1926, and that death occurred, on the date stated above, at 1 00 m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) ___ yrs. ___ mos. 2d ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Colitis (duration) ___ yrs. ___ mos. 14 ds.

18 Where was disease contracted? Md

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Lee Ballen, M. D.

6/9, 1926 (Address) 508 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery Date of Burial June 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 11685

CERTIFICATE OF DEATH.

REGISTERED NO. E 11685

1-PLACE OF DEATH South Balt. General Hosp

City of BALTIMORE: (No. 1213 Ley Lt St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Conrad

(a) RESIDENCE NO. 2215 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Conrad

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years 46. Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank Conrad

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Sophie Pech

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Mary Dworacek

(Address) 2215 E. Monument St.

15 Filed 1926 Per C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to June 20, 1926, that I last saw h.im. alive on June 20, 1926 and that death occurred, on the date stated above, at 730 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) - Peritonitis from Rupt. Gast. Ulcer. (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 17, 26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. B. Dalton, M. D.

, 19 (Address) South Balt. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial June 23 1926

20 UNDERTAKER: [redacted] ADDRESS: 1806 Eden St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11686

101-001

E 11686

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 613 N Rose St., 7-3 Ward)

2-FULL NAME Paul Pekar

(a) RESIDENCE NO. 613 N Rose St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecelia Pekar

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years 43; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carbatria

PARENTS

10 NAME OF FATHER Michael Pekar

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carbatria

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Cecelia Pekar

(Address) 613 N Rose St

15 Filed JUN 1926 19__ Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926 A 19

17 I HEREBY CERTIFY, That I attended deceased from June 18 1926 to June 19 1926, that I last saw h__ alive on June 19 1926, and that death occurred, on the date stated above, at 1205 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) __ yrs. __ mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) __ yrs. __ mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Ryan M.D.

(Address) 801 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Stenerlaus Date of Burial June 22 1926

20 UNDERTAKER: Frank Ecker Son ADDRESS 406 Ashland

Spec.—1-12-23—M&T—500 Bks.

E 11687

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 11687

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ephriam Roberts

(a) RESIDENCE No. 439 N. Caroline Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? 6 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Roberts

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) West Indies

10 NAME OF FATHER John T. Roberts

11 BIRTHPLACE OF FATHER (city or town)

(State or country) West Indies

12 MAIDEN NAME OF MOTHER Henrietta David

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) West Indies

Informant

(Address) Baltimore City Hospitals, Baltimore, Md.

Filed JUL 21 1926, 19 HARRISON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19- 19 26

17

I HEREBY CERTIFY, That I attended deceased from 6-11-26, 19, to 6-19-26, 19,

that I last saw h. im alive on 6-18-26, 19,

and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebro Spinal Lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Fredsmith, M. D.

6/19/19 M (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cem.	June 22 1926
20 UNDERTAKER	ADDRESS
Chas. H. Johnson	476 N. Caroline St

Cor.—12-9-25—A Co.—200 Bks.

E 11688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11688

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2318 Ist Royal St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Greffin

(a) RESIDENCE NO. 2318 Ist Royal St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown Griffin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Ogle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Miss Mary Griffin

(Address) 915 N Edmondson Ave

Filed JUN 21 1926 THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

(Signed) John Morrissey M. D. (Coroner)

6/20 1926 (Address) 631 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County Date of Burial June 21 1926

20 UNDERTAKER Henry Storck Son ADDRESS 1301 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11689

CERTIFICATE OF DEATH.

49 E 11689

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. ~~JOHNS HOPKINS HOSPITAL~~ St. 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamid Base

(a) RESIDENCE NO. 4105 Alto Ave St. ~~Ward~~ Irvington Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie R. Base

6 DATE OF BIRTH (month, day, and year): Sept 6-1869

7 AGE: 56 Years | Months: 9 | Days: 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Dunning

(c) Name of employer: Hymen Westcott Co

9 BIRTHPLACE (city or town)

(State or country): Balto.

PARENTS

10 NAME OF FATHER: Hamid Base

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger

12 MAIDEN NAME OF MOTHER: Anna E. Koch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ger.

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES

OCT 21 1926 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: June 17th

17

I HEREBY CERTIFY, That I attended deceased from Nov 11th 26 to June 17th 1926

that I last saw h... alive on June 17th 1926

and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Metastases

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of May 13 1925

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — Date of Burial: June 21 1926

20 UNDERTAKER: Wm J Tickner & Sons — ADDRESS: N. Y. Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11690

CERTIFICATE OF DEATH.

51

E 11690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Ridgeley St. 21-3 WARD)

2-FULL NAME Mary Ann Sieberzahn

(a) RESIDENCE NO. 1004 Ridgeley St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles. W. Sieberzahn

6 DATE OF BIRTH (month, day, and year): Dec 9 1865

7 AGE — Years: 60 — Months: 6 — Days: 10 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore md

10 NAME OF FATHER: John A. Hisse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Caroline Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co md

PARENTS

14 Informant (Address): Mr Charles. W. Sieberzahn 1004 Ridgeley St

15 Filed JUN 21 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to June 19, 1926.

(that I last saw him alive on June 19 1926, and that death occurred, on the date stated above, at 9 15 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Davis, M. D.

19 (Address) 1 West Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	June 22 26
20 UNDERTAKER	ADDRESS
Jos Freudenberger & Son	217 S. Pa

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11691

CERTIFICATE OF DEATH.

H-4 E 11691

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3932 Park Heights ave ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph Freedman

(a) RESIDENCE. No. 3932 Park Heights ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollye Freedman

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Tailor~~ Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

10 NAME OF FATHER: Morris Freedman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Mollye Freedman (Wife)
(Address) 3932 Park Heights Ave.

15 Filed ..... 19 ..... Registrar

N 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-20-1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926, to June 20, 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at 3 a- m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James. S. Ashenhurst, M. D.

6-20, 1926 Address 4012 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew

DATE OF BURIAL: 6-21-1926

20 UNDERTAKER: Jack Levine

ADDRESS: 1439 E. Balto. St.

Spec.—1-12-23—M&T—500 Blks.

E 11692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11692

CERTIFICATE OF DEATH.

+125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hospital ST. WARD)

2-FULL NAME Angie Jenkins

(a) RESIDENCE NO. Savage Maryland WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of William Jenkins

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Virginia
(State or country)

10 NAME OF FATHER George Hankins

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Martha Tolbert

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

Informant Mrs. Hazel Reed
(Address)

Filed JUN 21 1926 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 20 1926.

17

I HEREBY CERTIFY, That I attended deceased from 6-18-'26, to 6-20-'26.

that I last saw her alive on 6-20-'26

and that death occurred, on the date stated above, at 2:45p m.

The CAUSE OF DEATH* was as follows:

Acute Lymphangitis
Pneumothorax

(duration) yrs. mos 8 da.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 19-'26

Was there an autopsy? no

What test confirmed diagnosis? Operation Diagnosis

(Signed) Edwin M. Robertson M.D.

19 (Address) Emergency Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Savage Md	June 23 '26
UNDERTAKER	ADDRESS
Geo. E Frauch	Laurel Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11693

CERTIFICATE OF DEATH.

E 11693

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 W. Glenmore Ave. St. 27th Ward Hamilton)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Poff

(a) RESIDENCE NO. 506 W. Glenmore Ave. ST. Hamilton WARD
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M. Poff.

6 DATE OF BIRTH (month, day, and year) June 17th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloonkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John E. Poff

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Judy Schwartz

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant Catherine M. Poff
(Address) 506 W. Glenmore Ave. Baltimore

15 Filed ....., 19.... Registrar

N 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 18, 1926, that I last saw h alive on June 18, 1926, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

20 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cerebral (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Place of Death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Terminal signs

(Signed) Henry G. Long M. D.

June 19, 1926 (Address) 2718 Hartford Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL June 21 1926

20 UNDERTAKER Frederick Loeschner Sons — ADDRESS Fulleton

Spec.—12-9-25—A Co.—200 Bks.

Dr Hoore — 3901 Garrison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

Macneal.

E 11694

CERTIFICATE OF DEATH.

90E 11694

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 N. Glover St., 7-2 Ward)

2-FULL NAME Virginia Macneal

(a) RESIDENCE NO. 805 N. Glover St._____ Ward 7

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip D Macneal

6 DATE OF BIRTH (month, day, and year): June 4. 1852

7 AGE: Years 74 | Months 6 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto Md

PARENTS

10 NAME OF FATHER: James Wilkins

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER: Cretia A Holland

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto Md

14 Informant: Walter M. Macneal

(Address) 1631 N. Broadway

Filed JUN 2 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1926

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 20, 1926, that I last saw h[illegible] alive on [illegible] 6, 1926, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows: Valvular Heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no. What test confirmed diagnosis? Clinical

(Signed) A. C. Braem, M. D.

6/24. 1926 (Address) 3901 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druimmont — Date of Burial June 22 1926

20 UNDERTAKER: W. M. Cook — ADDRESS 532 E North Ave

E 11695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 11695

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 93 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles N. Yeakle

(a) RESIDENCE NO. 979 Gilmor ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida J. Yeakle

DATE OF BIRTH (month, day, and year) Oct 4. 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Frise Bros

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Conrad Yakle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William H. Yeakle

(Address) 979 Gilmor ave

Filed JUN 21 1926 ANDERSON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to June 17, 1926, that I last saw him alive on June 17, 1926, and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease -

(duration) 6 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 36 hrs da

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clement R. Monroe M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL June 22, 1926

20 UNDERTAKER Mrs & Mrs. John W. Teufel & Son

ADDRESS 501 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11696

CERTIFICATE OF DEATH.

44 E 11696

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4409 Maine Ave ST. West Forest Park WARD 24)

2-FULL NAME Anna Krambach.

(a) RESIDENCE NO. 4409 Maine Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis G Krambach

6 DATE OF BIRTH (month, day, and year): Feb. 28. 1866

7 AGE — Years: 60 — Months: 3 — Days: 19. — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Louis Kleinhenn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August Kleinhenn (Address) 229 N Bentalou St

15 Filed ..... 19 ..... Registrar .....

JUN 21 1926 — LEANDER JONES, M. D. — K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to June 19, 1926, that I last saw h[er] alive on June 18, 1926, and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usal

(Signed) Edw Krambach, M. D.

6.19 19 26 (Address) 517 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: June 21. 1926

20 UNDERTAKER: Mar Mrs. John H. Loufel & Son ADDRESS: 847 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11697 E 11697

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Maple Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice F. Harris

(Residence in Baltimore: No. Fowblesburg Balto Co St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October — 1857
(Month) (Day) (Year)

7-AGE 76 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Myers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Emily Londenslager

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. C. Tipton

(Address) Hampstead Md

15- CAMPBELL JONES, M. D.

Filed ..... 191.....

JUL 21 1926

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21st, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19th 1926, to June 21st 1926, that I saw h[illegible] alive on June 21st 1926, and that death occurred, on the date stated above, at 12 30 A.M.

The CAUSE OF DEATH* was as follows:

Acute dilation of heart

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Marked Obesity Senile Debility

Nephritis (Duration) ? yrs. ..... mos. ..... ds.

(Signed) B. F. Tillman M. D.

6/21, 1926 (Address) N.Y. Avenue Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Paul's, Balto Co

DATE OF BURIAL, June 23, 1926

20-UNDERTAKER C. V. Tipton & Son

ADDRESS Hampstead Md

Spec.—1-10-21—M&T—1500 Bks.

Devese

E 11698 HEALTH DEPARTMENT—CITY OF BALTIMORE 86-001 E 11698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Western Cemetery Edmondson Ave. Ward 11-2)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillie May Devese

(a) RESIDENCE NO. Western Cemetery Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Marr[illegible]

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	3	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER Garrett Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co Md

12 MAIDEN NAME OF MOTHER Mary Akehurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant William J Devese

(Address) Western Cemetery

Filed 2-1 1926 AMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to June 19, 1926, that I last saw her alive on June 19, 1926, and that death occurred, on the date stated above, at 12:20 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cetitis media

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Tests for meningitis

(Signed) W. L. Degraaf, M. D.

6/19, 1926 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 22 1926
20 UNDERTAKER	ADDRESS 33 Hollins St
George J Smith	

Spec.—1-12-23—M&T—500 Bks.

E 11699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

145-001

E 11699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edith Stella Brown

(a) RESIDENCE NO. 1312 W. Franklin ST., WARD Thurmont Md.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles F. Brown

DATE OF BIRTH (month, day, and year) June 26th 1885.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic.

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Thomas Geesey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Ann Kyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Geo. Saunders

(Address) 2673 Frederick Ave

Filed JUL 21 1926 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21st 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 16th, 1926. to June 21st 1926.

that I last saw her alive on June 21st, 1926.

and that death occurred, on the date stated above, at 1530 a m.

The CAUSE OF DEATH* was as follows:

Paralytic Ileus.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Protestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of June 16th, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings.

(Signed) Bonn Rhodes, M. D.

June 21st, 1926 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Thurmont Md	June 24, 26
20 UNDERTAKER Jos Joerdens Son	ADDRESS 2673 Fred Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57E 11700

11700

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2743 Riggs Avenue St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Cawood

(a) RESIDENCE NO. 2861 W. Lafayette Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin J. Cawood

6 DATE OF BIRTH (month, day, and year) July 17, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife at home

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER William Owings

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Maryland

14 Informant Edwin J. Cawood

(Address) 2861 W. Lafayette Ave.

15 Filed JUN 21 1926, 19 C. HAMPSON Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1926, 19

17 I HEREBY CERTIFY, That I attended deceased from June 10th, 1926, to June 18th, 1926, that I last saw her alive on June 18th, 1926, and that death occurred, on the date stated above, at 12.30 Am.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson, M. D.

6/19 19 26 (Address) 3055 West North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial June 21 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Pratt St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11701

CERTIFICATE OF DEATH.

28-5 49

E 11701

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 Old Orchard Rd. St. Ten Hills Ward)

2-FULL NAME Rev. Alfred Ramsey

(a) RESIDENCE NO. 410 Old Orchard Rd. St. _____ Ward _____

(Usual place of abode) Ten Hills

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE Late Sarah Brown Ramsey

6 DATE OF BIRTH (month, day, and year) April 12. 1860

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
66	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister of the

(b) General nature of industry, business, or establishment in which employed (or employer) Gospel

(c) Name of employer

9 BIRTHPLACE (city or town) Pittsburg

(State or country) Pa.

PARENTS

10 NAME OF FATHER Joseph Ramsey

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Patterson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Penna.

14 Informant Alfred P. Ramsey

(Address) 410 Old Orchard Rd. Ten Hills

15 Filed _____, 19____ _____ Registrar

HAMPSON JONES, M.D.

JUL 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to June 20, 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at 9.07 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Minneapolis, Minn.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pessone, M. D.

6.20, 1926 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville Ga. Date of Burial June 23rd

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

11702

HEALTH DEPARTMENT—CITY OF BALTIMORE

11702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Clinton ST. 26-5 WARD)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Harrison Harder

(a) RESIDENCE NO. 310 S. Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. Harder

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Philadelphia, (State or country) Ohio

PARENTS

10 NAME OF FATHER Charles Harder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Sarah L. Harder

(Address) 310 S. Clinton St.

Filed JUN 21 1926 C. HAMPSON JONES, R.

Per [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1923 to June 19. 1926, that I last saw him alive on June 19, 1926, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ~ yrs. ~ mos 1 hr. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 3. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Frank A. Glantz, M. D.

Jun 21, 1926 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery Co	June 22 1926
20 UNDERTAKER	ADDRESS
John F. Denny	715 Eighth St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11703

CERTIFICATE OF DEATH.

15-9 179 E 11703

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Poplar Grove ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Perry North

(a) RESIDENCE NO. 1625 Poplar Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary C. North

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Dining Room Dept.

(c) Name of employer B. & O.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Robert North

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emily J. McNamara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary C. North (Address) 1625 Poplar Grove St.

15 Filed 21 1926, 19 C. HAMPTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to June 19, 1926, that I last saw h[illegible] alive on June 18, 1926, and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1 yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 7 yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination & Urinalysis

(Signed) E W Billups, M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL June 21 1926

20 UNDERTAKER John H. Denny

ADDRESS 715 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Spec.—1-12-23—M&T—500 Bks.

E 11704 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. Eden ST. 5-2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Pearce

(a) RESIDENCE NO. 615 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced (HUSBAND of or) WIFE of James Pearce

DATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED House work

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cambridge Md.

10 NAME OF FATHER Alex Camper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Abell Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Olia Camper

(Address) 615 N. Eden St

Filed June 27 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4 1926, to June 19 1926,

that I last saw h w alive on June 19 1926,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Not clear

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. S. Hughes, M. D.

June 27 1926 (Address) 1413 E. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL June 23 1926

20 UNDERTAKER Edward Bryson

ADDRESS 1631 Orleans St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11705

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 1815 Eagle St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Shaw

(a) Residence No. 1815 Eagle St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 17, 1926

7-AGE. If LESS than 1 day, ...hrs. or .....min.?
.....yrs. .....mos. 3 ds.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Shaw

11-BIRTHPLACE OF FATHER (city or town) Elkridge (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Christine Krumpholz

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Christine Shaw
(Address) 1815 Eagle St.

15- Filed June 21 1926 C. HAMPSON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 20, 1926

17- I HEREBY CERTIFY, That I attended deceased from June 17, 1926 to June 20 1926
that I last saw her alive on June 20, 1926
and that death occurred, on the date stated above, at 7 00 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.
June 20 1926 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal**, or **Homicidal**. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL June 21, 1926

UNDERTAKER George L. Schwartz ADDRESS 1141 Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

E 11706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 11706

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Southern Hospital St., (Ward) 25 25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara Owens

(a) RESIDENCE NO. Southern Hospital St. 12 Ward Pikesville

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): July 22 1838

7 AGE — Years: 87 — Months: 11 — Days: 20 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Barney Owings

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Mary A Ford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto Co Md

14 Informant Milton P Owings

(Address) Pikesville Md

15 Filed 6-21 1926 THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. Smith Wiesner M. D. (Coroner)

6/21, 1926 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Rt Dove Cemetery June 22 1926

20 UNDERTAKER — ADDRESS

J F Ellis & Son Reisterstown Md

Spec.—12-9-25—A Co.—200 Bks.

E 11707

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002 E 11707

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 S. Luzerne Ave St., 1-7 Ward)

2-FULL NAME Andrew Hammer

(a) RESIDENCE NO. 708 S. Luzerne Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Hammer

6 DATE OF BIRTH (month, day, and year) Nov. 17. 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER John Hammer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Mrs. Mary Deininger

(Address) 708 S. Luzerne Ave

15 Filed 12 1 1926 19 ..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17

I HEREBY CERTIFY, That I attended deceased from March 10th, 1926, to June 20th, 1926, that I last saw h.. alive on June 19th, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

about (duration) 3 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

6/21, 1926 (Address) 1011 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

First Evangelical Cemetery June 22 1926

20 UNDERTAKER ADDRESS

Henry Sander & Sons. Inc. 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

E 11708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11708

CERTIFICATE OF DEATH.

90 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 721 Eator Ave St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora M. Randall

(a) RESIDENCE NO. 819 E 41st st St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James P. Randall

6 DATE OF BIRTH (month, day, and year) Oct 2 — 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Gip Murry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Anna Crabbe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Harry A Randall

(Address) 819 E 41st St

NOV 1 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1926, to June 19th, 1926, that I last saw ~~her~~ alive on June 19th, 1926, and that death occurred, on the date stated above, at 7 6 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Jno. W. Mongtroy M.D.

6/24/1926 (Address) 401 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

Date of Burial June 22 1926

20 UNDERTAKER H. A. Turner

ADDRESS 1422 Brookings

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11709

CERTIFICATE OF DEATH.

74001 E 11709

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 S Milton Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Radziszewski

(a) RESIDENCE NO. 804 S Milton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adamina Radziszewski

6 DATE OF BIRTH (month, day, and year): Sep 20-1870

7 AGE: Years 55 Months 9 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Karol Radziszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Adamina Radziszewski 804 S Milton ave

15 Filed 6 1 1926 Per C. HARRISON JONES, A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-16- 1926 to 6-20-26 19

that I last saw him alive on 6-20-26 19

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown. (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No. Date of ----

Was there an autopsy? No.

What test confirmed diagnosis? ----

(Signed) Frank A. Jamgochian, M. D.

6/20, 1926 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary June

DATE OF BURIAL: 23 1926

20 UNDERTAKER: John M. Weber

ADDRESS: 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11710

CERTIFICATE OF DEATH.

101 E 11710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1913 Fleet Street (ST.) (WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felixs. Uziymblo

(a) RESIDENCE NO. 1913 Fleet Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 8 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	33	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph. Urzemba

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Joseph . Arczynski Brother In Law

(Address) 1913 Fleet Street

15 Filed 6-21 1926 C. HARRISON JONES, R.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 19 26, to June 19, 19 26.

that I last saw him alive on June 19, 19 26.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Cond. Otitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Groarke M. D.

June 20, 19 26 (Address) 701 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: June 22 1926

UNDERTAKER: John M Weber ADDRESS: 803 Bank St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11711

E 11711

CERTIFICATE OF DEATH.

24

1-PLACE OF DEATH

SYDENHAM HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 17-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Jones.
" Thaniel

(a) RESIDENCE NO. 632 Bradley ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) July 14 - 1910

AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	15	11	7 6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work newsboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) md

10 NAME OF FATHER David Jones.

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Johnson

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va

Informant Parents
(Address) 632 Bradley St

Filed 1-1926, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Jan 20, 1926, that I last saw h[illegible]ve on Jan 20, 1926, and that death occurred, on the date stated above, at 2:40 a m.

The CAUSE OF DEATH* was as follows:

Meningitis, acute epidemic

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. ? ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Lumber puncture 6/19/26

Was there an autopsy? no

What test confirmed diagnosis? Lumber puncture

(Signed) B. Macfarland M. D.

6/20/26 (Address) Sydenham Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 6/22 1926

20 UNDERTAKER Daniel Foster — ADDRESS 916 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11712

E 11712

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Maryland General Hospital ST., 11 W WARD)

2-FULL NAME William Stouffer

(a) RESIDENCE NO. Worton, Md. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. // How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Mar'd.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-11-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer .....

9 BIRTHPLACE (city or town) ~~Baltimore~~
(State or country) Chesterlow Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER ~~Wadley~~ Ashley

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant William Stouffer
(Address) C. HAMPSON JONES, M. D.

15 Filed ..... 1926 Per 19 ..... IRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15-26

17 I HEREBY CERTIFY, That I attended deceased from 6-4-26, 19....., to 6-15, 1926
that I last saw h(M) alive on 6-15-26
and that death occurred, on the date stated above, at 3:30 Am
The CAUSE OF DEATH* was as follows:
Mitral Regurg Status

(duration) ..... yrs. 4 weeks mos. ..... ds.
CONTRIBUTORY (Secondary) Myocardial decompensation
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) E. C. Zimmerman, M. D.
, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY.	JUN 21 1926 19
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 11713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11713

CERTIFICATE OF DEATH.

161-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Taboska

(a) RESIDENCE No. 625 N. Eilvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Twin No. 2

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16, 1926

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U. S.

PARENTS

10 NAME OF FATHER Ralph Taboska

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Viola Silver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant W E Sisson

(Address) Johns Hopkins Hospital.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1926 to June 17, 1926, that I last saw him alive on June 17, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T 1500 Blks.

Mc Millan ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11714 E 11714

CERTIFICATE OF DEATH.

31

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (E.) 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Iaua McMillan

(a) RESIDENCE NO. 1724 Townsend place ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos McMillan

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joseph Donohue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ida Donevie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to June 20, 1926, that I last saw her alive on June 20, 1926, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Lobular pneumonia. Non-tuberculous (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm McKane Jr M. D.

6-21 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 6/23, 1926

20 UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 11715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11715

CERTIFICATE OF DEATH.

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Cleveland ST. 21-2 WARD)

2-FULL NAME Mary J Neville

(a) RESIDENCE NO. 1117 Cleveland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm Neville

6 DATE OF BIRTH (month, day, and year) Feb 16-1848

7 AGE: Years 78 | Months 4 | Days 3 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Mandel (Address) 1107 Cleveland St

15 Filed 1926 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to June 19, 1926

that I last saw h[illegible] alive on June 19, 1926

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 6/23/26

20 UNDERTAKER: Geo Lembach & Son — ADDRESS: [illegible]

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 11716

CERTIFICATE OF DEATH.

E 11716

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1205 Oakhurst Place St. 16-3 Ward)

2-FULL NAME John William Deale

(a) RESIDENCE NO. 1205b Oakhurst Place St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosella R. Deale

6 DATE OF BIRTH (month, day, and year) March 4 1858

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
68	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retird-Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Farm Implements

(c) Name of employer Griffith &turner Co.

9 BIRTHPLACE (city or town)_____

(State or country) A.A.Co. Md.

PARENTS

10 NAME OF FATHER Henry Deale

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) A.ACo. Md.

12 MAIDEN NAME OF MOTHER Tiddings

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Prince George Co Md.

14 Informant Walter H.Deale

(Address) 1205 Oakhurst Place

1 1926 C. HAMPSON JONES, M. D., Registrar

Per AHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1924, to June 20, 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart & Oedema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obs. Evidence

(Signed) John H. Baker, M. D.

6/21 1926 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Date of Burial June 22 26

20 UNDERTAKER Joseph B. Cook & Sons ADDRESS 1003 N Calvert St

...—1-12-23—M&T—500 Bks.

E 11717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11717

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. SYDENHAM HOSPITAL ST., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Jones

(a) RESIDENCE NO. 5922 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 27, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER W. L. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Bertha Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Mrs W L Jones

(Address)

Filed , 1926 Registrar

C. RAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to June 20, 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at 11 05 a m.

The CAUSE OF DEATH* was as follows:

Laryn. Diphtheria

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubation (Date of) 6/17/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & pos. cult.

(Signed) Megan B. Hill M. D.

6/21, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	6/21 1926
20 UNDERTAKER Mrs Sag. N. Dennis Asst T. E. Nelson	ADDRESS 1307 Pennsylvania.

ec.—1-12-23—M&T—500 Bks.

E 11718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11718

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH St Joseph's Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gross.

(a) RESIDENCE (No. 1715 Division St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Gross

DATE OF BIRTH (month, day, and year): Dec. 10, 1867

AGE: Years 58 59 | Months — 6 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Calvert Co Md.

10 NAME OF FATHER: John Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

Informant: Mamie Curtis.

(Address): 114 Mosher st.

Filed: 1926, C. HAMPSON JONES, M. D. Registrar

Per: NKP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1926.

17

I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926, to June 18, 1926,

that I last saw him alive on June 18, 1926

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Cortis-Bascular-Renal disease -

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Gangrene Of Foot

(duration) 1 yrs. 4 mos. 5 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Clement R. Watson, M. D.

, 19 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemtery.

UNDERTAKER: Wm H. Dennis or F. B. Nelson

DATE OF BURIAL: June 22 1926.

ADDRESS: 1303 Druidman St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11719

CERTIFICATE OF DEATH.

90

E 11719

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3111 St. Paul St. 12-3 Ward)

2-FULL NAME Emma Virginia Lang

(a) RESIDENCE NO. 3111 St Paul St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert E. Lang

6 DATE OF BIRTH (month, day, and year): May 1 1858

7 AGE: Years 68 | Months 1 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Thos. Kennard

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Maria Crabbs

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md

14 Informant: Marie B. Lang

(Address) 3111 St Paul St.

15 C. HAMPSON JONES, M. D. Registrar

1 1926

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20, 1926

17:

I HEREBY CERTIFY, That I attended deceased from June 15th, 1926, to June 20, 1926,

that I last saw h... alive on June 19, 1926,

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

and Senile debility

(duration) yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) A. Edmunds, M. D.

6/24/1926 (Address) 3111 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: June 22 1926

20 UNDERTAKER: Wm. Fickner ADDRESS: Rockville

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11720

CERTIFICATE OF DEATH.

46 E 11720

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2112 N. Calvert ST. 12-5 WARD)

2-FULL NAME Ada Peace Shuter

(a) RESIDENCE NO. 2112 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Shuter

6 DATE OF BIRTH (month, day, and year): July 17 1876

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49.	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles F Peace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Elmira Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: James S. Peace

(Address) 2112 N. Calvert St

15 DATE RECEIVED: JUL 1 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to June 20 1926.

that I last saw her alive on June 20, 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Metastasis

(duration) mo yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) [illegible] M. D.

6/24, 1926 (Address) 54 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: July 22 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W Franklin

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11721 E 11721

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3816 Roland Ave St., 13-4 Ward)

2-FULL NAME Michael Gore

(a) RESIDENCE NO. 3816 Roland Ave St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Snyder Gore

6 DATE OF BIRTH (month, day, and year): Nov. 18-1828

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
97	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor & Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 25 years 016

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Co.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Michael Gore

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: — Burnham

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Mrs. Geo. Filson Rogers

(Address) 3816 Roland Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 20-1926

17 I HEREBY CERTIFY, That I attended deceased from Jun 14- 1926, to Jun 20 1926, that I last saw h.im alive on Jun 20 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and myocardial insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Exhaustion (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exhaustion

(Signed) W. H. Smith, M. D.

Jun 21, 1926 (Address) 3429 Charlotte St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial June 22 1926

20 UNDERTAKER: Grace E. Burns ADDRESS 343 Hall Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11722

CERTIFICATE OF DEATH.

91-002 E 11722

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N. Gay ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malvina H. Eldridge

(a) RESIDENCE NO. 1033 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 18 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1st 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
75	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William H. Eldridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Charlotte Jamison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Eldridge (Address) 1033 N. Gay st

15 Filed June 22, 1926 C. HAMPSON JONES, M. D. Registrar Per M K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to June 19, 1926, that I last saw her alive on June 18, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteri Sclerosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

6/21, 1926 (Signed) Wallace W White Jr, M. D. (Address) 2800 St Paul st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: June 22 1926

UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11723

100-001

E 11723

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore & Mad. ST. 14-1 WARD)

2-FULL NAME George W. Stewart

(a) RESIDENCE NO. 1619 Druid Hill Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Tillman Perkins

11 BIRTHPLACE OF FATHER (city or town) N. Carolina (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) N. Carolina (State or country)

14 Informant Hospital Records

(Address) Baltimore City Hospital

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to June 19, 1926, that I last saw h.. alive on June 19, 1926, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Benign papilloma of Urinary bladder

(duration) yrs. 1 (Hosp) ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Hal C. Lamb Jr MD, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL June 22 26

20 UNDERTAKER Samuel H. Buckley & Bro ADDRESS 578 Pine

NOV 22 1926

Spec.—1-12-23—M&T—500 Bks. George Washington Babylon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11724

CERTIFICATE OF DEATH.

100-001

E 11724

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 N. Luzerne Ave. ST. 8-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Babylon

(a) RESIDENCE No. 1239 N. Luzerne Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Babylon

DATE OF BIRTH (month, day, and year) Aug. 17, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Copper Works.

BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

10 NAME OF FATHER Josiah Babylon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co., Md.

12 MAIDEN NAME OF MOTHER Maisley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co., Md.

Informant Wm B. Signan

(Address) 1239 N. Luzerne Ave.

Filed JUN 22 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1926.

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1926 to June 21, 1926,

that I last saw him alive on June 20, 1926,

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) Edward Sinnard, M. D.

6/24/1926 (Address) 1013 E. Fifth Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druids Cemetery Md

DATE OF BURIAL June 22 1926

20 UNDERTAKER W M Routson

ADDRESS 2235 N Avenue

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11725 CERTIFICATE OF DEATH. 74 E 11725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 530 Orchard ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Williams

(a) RESIDENCE NO. 530 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE — Years: 49 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Peter Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Wms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) James Byrd 530 Orchard St

15 Filed 2 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

0439

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 18 1926.

that I last saw her alive on June 17, 1926

and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chn. exam

(Signed) Dana E. Wagner M. D.

6/21, 1926 (Address) 1056 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL June 21 1926

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

11726

CERTIFICATE OF DEATH.

E 11726

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. Gen. Hosp. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Cogill

(a) RESIDENCE NO. 42 W. West St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Cogill

6 DATE OF BIRTH (month, day, and year): March 1899.

7 AGE: Years 27 | Months 3 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Murdock Cogill

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Boykins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Anna Cogill

(Address) 42 W West St

15 Filed ..... 19..... C. HAMPSON JONES [illegible] Registrar

N 22 1926 Dar RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 June 20, 1926.

I HEREBY CERTIFY, That I attended deceased from June 19, 1926, to June 20, 1926

that I last saw h... in alive on June 20, 1926

and that death occurred, on the date stated above, at 12 15 am m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. E. Peterman, M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct Date of Burial June 22 1926

20 UNDERTAKER: J. L. Brown & Son ADDRESS 1018 W. Mound St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11727

CERTIFICATE OF DEATH.

188-003

E 11727

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ Hosp. St., 41 Ward)

2-FULL NAME Carrie Gardner

(a) RESIDENCE NO. 612 N Dey St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 31, 1872

7 AGE: Years 54 Months 2 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garment Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Strick Garment Co

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant Amelia Sporer

(Address) 2626 McElderry St.

15 Filed..... 19.....

Per_____ Registrar

JUN 22 1926 HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident

Multiple Fractures

(Duration) ..... yrs. ..... mos. 2 hr

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. ..... ds.

June 21/26 (Signed) C. C. Yoder (Coroner) M. D.

(Address) 4376 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dachman's — Date of Burial June 22 1926

20 UNDERTAKER: W. M. Cook — ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

Loyal B Howey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11728

CERTIFICATE OF DEATH.

89 E 11728

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emerson Hotel St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L B. Howey

(a) RESIDENCE NO. - Cleveland Ohio St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.

about 48 yrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant W. B Bennett Clev

(Address) 1940 E. 90th St Cleveland

15 Filed ....., 19 .....

HAMPSON JONES, M. D.

By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 24 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....yrs. .....mos. .....ds.

(Signed) (Coroner) M. D.

June 24 19 26 (Address) 1659 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .....yrs. .....mos. .....ds. In State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland Ohio Date of Burial 6/22 19 26

20 UNDERTAKER Wellman Cook ADDRESS 502 E North

E 11729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11729

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 Chauncey Ave. St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidore Aronson

(Residence in Baltimore: No. 818 ~~white~~ ~~lock~~ Chauncey Ave St.; yrs..... mos..... ds.)

18

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1874 (Year)

7-AGE: 52 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurateur
(b) General nature of industry, business, or establishment in which employed (or employer): Cafe

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Harry Aronson

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Shana —

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Aronson (Wife)

(Address) 818 Whitelock St.

15-

Filed 6-22 1926 C. HAMPSON JONES, M. D. Registrar.

Per K.K.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 21 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Myocarditis

Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 0

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner)

6/21 1926 (Address) 3572 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rodeph Sholem — DATE OF BURIAL: 6-22- 1926

20-UNDERTAKER: Jack Levin — ADDRESS: 1439 E. Baltimore

E 11730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 1926

E 11730

Registered No. C.....

1-PLACE OF DEATH Hillwood Shore, Arundel Cove

City of BALTIMORE: (No. Curtis Creek Md St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Sachs

(Residence in Baltimore: No. 2508 E. Balto. St., ... St.; yrs. 6. mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Divorced

6-DATE OF BIRTH: Unknown (Month) (Day) 1896 (Year)

7-AGE: 30 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cap Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

10-NAME OF FATHER: Samuel Sachs

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Annie --------

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. P. Ellis (Sister)

(Address) Laurel, Md.

15- JUN 22 1926 192 C. HAMPSON JONES, M.D. Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21 1926 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned while in bathing with party. Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Sellers M. D. (Coroner)

6-21-26 192.... (Address) 508 E North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 1-22- 1926

20-UNDERTAKER: Jos. Levin

ADDRESS: 1439 E. Balto St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11731

CERTIFICATE OF DEATH.

57

E 11731

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Miller

(a) RESIDENCE NO. 1234 Hull ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred cuba mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: 56 yr.

Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Louise Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 6-22 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 17, 19 26, to June 18, 19 26,

that I last saw him alive on June 18 19 26,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. 6 mos (History) ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

6/19/19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Md.

DATE OF BURIAL: June 23 1926

20 UNDERTAKER: Chas. L. Sferra

ADDRESS 1501 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11732

CERTIFICATE OF DEATH.

74-201

E 11732

1-PLACE OF DEATH

City of BALTIMORE: (No. Prudential Oil Co. Curtis St. 12-26 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lindsay(C)

(a) RESIDENCE NO. 1621 Latrobe St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (or WIFE of): Annie Lindsay.(C)

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years: 58; Months: ----------; Days: ; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Virginia.

PARENTS

10 NAME OF FATHER: Robert Lindsay(C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Annie Lindsay.(C) wife.

(Address): 1621 Latrobe St.

Filed DEC 2 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

6/21, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery Date of Burial: June 22 1926

20 UNDERTAKER: Wm R.G. Elliott ADDRESS: 1725 Ashland Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11733

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 11733

1-PLACE OF DEATH

City of BALTIMORE: (No. 3306 Talbott St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud Winston

(a) RESIDENCE NO. 3306 Talbott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Winston

6 DATE OF BIRTH (month, day, and year): Sept. 11, 1899

7 AGE: Years 26 | Months 9 | Days 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Edward Sanders

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Henrietta Rogers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia

14 Informant: Mrs Winston

(Address): 3306 Talbott St.

12 2 1926 Filed 19 HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to June 20, 1926, that I last saw h.. alive on June 20, 1926, and that death occurred, on the date stated above, at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonal Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): N.A.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. C. Johnson, M. D.

, 19 (Address) 2029 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakey Cemetery June 22 1926

20 UNDERTAKER: Mrs. R. G. Elbert ADDRESS 1725 Richland Ave

pec.—1-12-23—M&T—500 Bks.

E 11734 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11734

CERTIFICATE OF DEATH.

+117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 4 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marshall Grimes

(a) RESIDENCE NO. Ellicott City St. Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rosie Grimes

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Charles Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Hospital Records

Filed 2-2 1926 W. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17

I HEREBY CERTIFY, That I attended deceased from 6-19-26, 19..., to 6-22-26, 19..., that I last saw him alive on 6-22-26, 19..., and that death occurred, on the date stated above, at 12 20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) Operated yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-19-26

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) R. B. Anderson, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Guilford M. E. Church	June 24, 26
20 UNDERTAKER Easton Sons	ADDRESS Ellicott City

Spec.—12-9-25—A Co.—200 Bks.

E 11735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 ✓ E 11735

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1148 Vincent St. 16-6 Ward)

2-FULL NAME Walter Parris

(a) RESIDENCE NO. 1148 Vincent St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Parris

6 DATE OF BIRTH (month, day, and year) April 4 84

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) B&O

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Willis Parris

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Mary Purdy

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Maggie Parris

(Address) 1148 Vincent

Filed JUL 2 1926

C. HAMPSON JONES, M. D.

Registrar

Per RKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to June 20 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at 11 32 m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia bilateral

Nephritis

(duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Pneumonia bilateral

Nephritis (duration) ....yrs. 2 mos. ....ds.

18 Where was disease contracted

If not at place of death? Residence

Did an operation precede death? No Date of No.

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Ted Wade, M. D.

, 19 (Address) 426 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cem. Date of Burial June 22 19 26

20 UNDERTAKER Sam'l W. Chase & Son ADDRESS 1400 Madison

Spec.–1-10-21 M&T 1500 Bks. Emma August

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11736

CERTIFICATE OF DEATH.

47

E 11736 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST., 6-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma August

(a) RESIDENCE No. 1927 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE — Years: 32 yr. — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Davisen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed JUN 22 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to June 21, 1926, that I last saw her alive on June 21, 1926, and that death occurred, on the date stated above, at 11:20 a. m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma (breast) of lungs and cervical spine

(duration) yrs. 9 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Hebrew Hospital 1924

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Hullet, M. D.

6/22/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rowdale

DATE OF BURIAL: 6-22- 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1139 E Balto.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11737

117 E 11737

REGISTERED NO.

1-PLACE OF DEATH South Balt. Gen. Hosp. 6-3

City of BALTIMORE: (No. 1213 Light St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. Mahon.

(a) RESIDENCE NO. 116. N. Rose St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 1926

7 AGE — Years 4 | Months 9 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt.

(State or country)

PARENTS

10 NAME OF FATHER Jno J. Mahon

11 BIRTHPLACE OF FATHER (city or town) Balt.

(State or country)

12 MAIDEN NAME OF MOTHER Teresa Koenig

13 BIRTHPLACE OF MOTHER (city or town) Balt.

(State or country)

14 Informant Jno. J. Mahon

(Address) 116 N. Rose St

Filed JUN 22 1926 HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to June 20, 1926, that I last saw h[illegible] alive on June 20 1926, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Strang appendicitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Partial - Abdomen Explored.

What test confirmed diagnosis?

(Signed) W B. Dalton, M. D.

, 19 (Address) South Balt. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 6/23 1926

20 UNDERTAKER J. A. Moran ADDRESS 300 E. Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

E. 11738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11738 — 31 — E 11738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1030 Argyle Ave. ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Smith

(Residence in Baltimore: No. 1030 Argyle Ave St. 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 19, (Month) (Day) 1872 (Year)

7-AGE, 54 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Pool Room Prop. (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary J. Ross

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Smith

(Address) 1030 Argyle Ave

15- 6 2 1926 C. HAMPSON JONES, M. D. 191... Registrar.

Per R.C.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 12 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1926, to June 19 1926, that I saw h[illegible] alive on June 18, 1926, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Nil

(Duration) yrs. mos. ds.

(Signed): B. Grauleth M. D.

, 191... (Address) 2431 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, 6/12/1926

20-UNDERTAKER Mrs. Geo. A. Holland — ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11739

101-001

CERTIFICATE OF DEATH.

3-2

REGISTERED No. E 11739

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1418 E Lombard St., Ward)

2-FULL NAME John Neblaiecok

(a) RESIDENCE NO. 1418 E Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. ds. How long in U. S., if of foreign birth? 10 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Whit	Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establisbment in which employed (or employer)

(c) Name of employer Common

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Kostus Neblaiecok

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Maria Kostuk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Kastus Neblaiecok

(Address) Turners Station. Md.

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Double Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Lack of proper Nursing

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hanlon M. D.

(Coroner)

6 21 1926 (Address) 704 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Russian Independent June 19 22

20 UNDERTAKER — ADDRESS

John Strebliancka 423 S. Paca St.

E 11740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1618 North Bentalou St. St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Mahon

(Residence in Baltimore: No. 1618 North Bentalou Street St.; yrs. 29 mos. 4 ds. 7)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. February 14, 1897
(Month) (Day) (Year)

7-AGE. 29 yrs. 4 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

031

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. John Mahon

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Maryland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jessie Mahon

(Address) 1618 N. Bentalou Street

15- C. HAMPSON JONES, M. D.

Filed 6 22 1926 192.. By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 21 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. Gastro-Enteritis
(Indigestion of Lich), 10 days
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ac. Dil. of Heart 5 days
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

6/21 192.6 (Address) 2302 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Marys Cemetery, Hampden, Md.

DATE OF BURIAL. June 23 19 26

20-UNDERTAKER. J. B. Cook

ADDRESS 1003 N. Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11741 E 11741

CERTIFICATE OF DEATH.

129 203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Eckels

(a) RESIDENCE NO. 418 N. Brice ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Eckles

6 DATE OF BIRTH (month, day, and year) Feb 8, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4.	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country) not given

PARENTS

10 NAME OF FATHER Frederick Hahwood

11 BIRTHPLACE OF FATHER (city or town) Frederick Md (State or country)

12 MAIDEN NAME OF MOTHER Hannah Barthelow

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Md

14 Informant Alfred Eckels (Address) 418 N. Brice St.

15 Filed 2-1926, 19 C. HAMPSON JONES, M. D. Registrar By JJK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-17, 1926, to 6-21, 1926, that I last saw her alive on 6-21, 1926, and that death occurred, on the date stated above, at 10.35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & endocarditis

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary ~~Embolism~~ Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Sheldon Castleman, M. D.

, 19 (Address) St. Agnes Hosp.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL June 24 1926

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11742

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 11742

1-PLACE OF DEATH

City of BALTIMORE: (No. 23 S Ellwood ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Smith

(a) RESIDENCE NO. 23 S. Ellwood ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Six yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Smith

6 DATE OF BIRTH (month, day, and year) Jun 17 - 1867

7 AGE 59

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
58	11	3	

8 OCCUPATION OF DECEASED 070

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 47 Public

(c) Name of employer Schools of Balto.

9 BIRTHPLACE (city or town)

(State or country) City

PARENTS

10 NAME OF FATHER Frank Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) City

12 MAIDEN NAME OF MOTHER Dorsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) City

14 Informant Lillian Smith

(Address) 23 S. Ellwood ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 - 1926 - 19

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to June 20, 1926, that I last saw h. alive on June 20, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Irving Miller, M. D.

, 19 (Address) 1082 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial 6/23/26

20 UNDERTAKER J. J. Moran ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11743

CERTIFICATE OF DEATH.

122 E 11743

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals.

CITY OF BALTIMORE: (No. Baltimore Md ST., 3-1 WARD)

2-FULL NAME Ignacy Wraczkio.

(a) RESIDENCE (Usual place of abode) 128 Albemarle St ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where [illegible] mos. ds. How long in U. S., if of foreign birth? [illegible] mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: Years 65 years. Months ..... Days ..... If LESS than 1 day..... hrs. or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0440

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER Jos. Wraczkio.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Agnes Wayterwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address) Hospital Records Baltimore City Hospitals

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1926

17 I HEREBY CERTIFY that I attended deceased from April 12, 1926, to June 21, 1926.

that I last saw h[illegible] alive on June 21, 1926.

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

Chronic Myocarditis.

Arteriosclerosis (duration) [illegible] ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia. (duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

(What tests were made?) Pathological Lab Tests

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: 6/22/26

20 UNDERTAKER: John J. Foley & Sons ADDRESS: 3 S Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11744 ✓ E 11744

CERTIFICATE OF DEATH.

44

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E. 22d ST. 12-4 WARD)

2-FULL NAME Sarah Jane Morrison

(a) RESIDENCE NO. 400 E. 22d ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 53 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bartholmew J. Morrison

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) — 37

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Belfast, Ireland.

PARENTS

10 NAME OF FATHER Geo. McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sarah J. McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Bartholmew J. Morrison

(Address) 400 E. 22d St.

15 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to June 20, 1926, that I last saw h.. alive on June 19, 1926, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix (primary)

(duration) yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. Lechbechler, M. D.

, 19 (Address) 806 S. 3d St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL June 23 1926

20 UNDERTAKER Margaret J. Flynn ADDRESS 1417 Light St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 E 11745

E 11745

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1708 Park Ave. St., 14-2 Ward)

2-FULL NAME Agnes Cecelia Burch,

(a) RESIDENCE NO. 1708 Park Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 5th. 1912.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER James H. Burch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary O. Slingluff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant James H. Burch

(Address) 1708 Park Ave.

Filed 2 1926 19 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 June 21st. 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 12th, 1926, to June 21st, 1926, that I last saw h[illegible] alive on June 21st, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Articular Rheumatism

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Sign & Symptoms

(Signed) J. A. Blatard, M. D.

June 21st 1926 (Address) 1300 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 6/23" 1926

20 UNDERTAKER Chas. F. Fraver & Son ADDRESS 118 W. Mt. Royal ave

Spec—12-23-21—E.B.R.S.—400 Blks.

E 11746 HEALTH DEPARTMENT—CITY OF BALTIMORE 1594 803 E 11746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 316 S. Regester St. 7-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Frances Ament.

(a) Residence No. 316 S. Regester St. St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 3-1926

7-AGE, ...yrs. .....mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto. Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, James Ament.

11-BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Catherine Zborowski

13-BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or Country),

14-INFORMANT. Catherine Ament.

(Address) 316 S. Regester St.

15-FILED 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 22-1926

17- I HEREBY CERTIFY, That I attended deceased from June 7, 19 26, to June 21, 19 26

that I last saw him alive on June 21, 19 26

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - Septic
or Abdominal Wall and
Profound Intoxication mos. 19 ds.

CONTRIBUTORY (Secondary) Leukorrhea

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) John L. Valentine, M.D.

June 22, 19 26 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart Cem. DATE OF BURIAL. June 24th 1926

20-UNDERTAKER. Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11747. E 11747

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Norfolk Ave ST. 15-5 WARD)

2-FULL NAME Andrew Droszdowski

(a) RESIDENCE NO. 3806 Norfolk Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 31 yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Wh

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Droszdowski,

6 DATE OF BIRTH (month, day, and year): October 30-1877

7 AGE: Years 49 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Merchant,

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland,

PARENTS

10 NAME OF FATHER: Peter Droszdowski,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland,

12 MAIDEN NAME OF MOTHER: Josephine-------

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Frances Droszdowska

(Address) 3806 Norfolk Ave

15 JUN 2 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June —, 1926, to June 19, 1926, that I last saw him alive on June 18, 1926, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Dropsy (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas J Block, M. D.

June 21, 1926 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery — DATE OF BURIAL: June 23, 1926.

20 UNDERTAKER: M. F. Sadowski. — ADDRESS: 705 S. Ann St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11748

CERTIFICATE OF DEATH.

44 E 11748

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1328 Aisquith St St. 9-7 Ward)

2-FULL NAME Annie C. Murray

(a) RESIDENCE NO. 1328 Aisquith St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Patrick Murray

6 DATE OF BIRTH (month, day, and year) Oct 17/1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER James Gordon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Florence Murray

(Address) 1328 Aisquith St

2 1926 19 C. HAMPSON JONES, M. D. (Registrar)

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage per mouth
(Probably from stomach-possibly malignant)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Y. Coates, M. D.
(Coroner)

6/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial June 24 19 26

20 UNDERTAKER Wida Wiedefeld ADDRESS 914 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 11749

E 11749

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 N. Carlton St. 16-7 Ward)

2-FULL NAME Thomas Laley

(a) RESIDENCE NO. 622 N. Carlton. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Laley

6 DATE OF BIRTH (month, day, and year) August 9, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	8 10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington

(State or country) D.C.

10 NAME OF FATHER John Laley

PARENTS

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown.

14 Informant Maybel Laley

(Address) 9 to 22 Carlton Ave

2 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to June 21, 1926, that I last saw h[illegible] alive on June 20, 1926, and that death occurred, on the date stated above, at 5:20 A. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-pneumonia

(duration) 0 yrs. 0 mos. 22 ds.

CONTRIBUTORY (Secondary) Senile anthenia (duration) 6 yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John C. Stansbury, M. D.

. 19 (Address) 1037 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

National Cem June 23 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Fa ave.

Spec.–1-10-21–M&T–1500 Blks.

(Godett)

E 11750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 6-6 34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Maryland WARD)

Residence 1105 N. Vincent Street

(a) Home no. Henriette Godett ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where dea Baltimore mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Solomon Wetherbee

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Paddy Thuson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Hospital Records Baltimore City Hospitals

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7- 1926, to June 20, 1926, that I last saw h[illegible] alive on June 20, 1926, and that death occurred, on the date stated above, at 11 05 P m.

The CAUSE OF DEATH* was as follows:

Old Potts Disease Last Dorsal Vertebrae - 8 months (Antecedent).

Chronic Myocarditis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

Feature - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory Test

(Signed) Wm. R. Schamp Jr, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: June 23 1926

20 UNDERTAKER: David Eareon

ADDRESS 916 Eas[illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11751 — 86-802 — E 11751

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (ST.) 3-2 (WARD)

2-FULL NAME Mrs. Lena Rosenthal

(a) RESIDENCE No. 111 S. Spring (ST.) W (WARD) E

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? 21 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Hirsch

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Holtzwig (Address) 111 E Lafayette St

15 Filed JUN 23 1926 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-14, 1926, to 6-22, 1926, that I last saw her alive on 6-22, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute exacerbation of Chronic mastoiditis

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Acute meningitis

(duration) ... yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6-15-26

Was there an autopsy? No

What test confirmed diagnosis? Clin Signs & Symp.

(Signed) M. D.

6/23/26 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hearing Run — DATE OF BURIAL 6/23/26

20 UNDERTAKER Hof Funeral Home — ADDRESS 1107 E Baltimore

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11752

CERTIFICATE OF DEATH.

49 E 11752

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore Md. (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter S. Russell

(a) RESIDENCE NO. 809 N. Eden Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Josephine Russell

6 DATE OF BIRTH (month, day, and year):

7 AGE: 80 Years. Months: Days: If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kansas

PARENTS

10 NAME OF FATHER: John Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kansas.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kansas.

14 Informant: Hospital Records

(Address) Baltimore City Hospitals

15 Filed 3-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per EK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to June 22, 1926.

that I last saw him alive on June 22, 1926.

and that death occurred, on the date stated above, at 8 30 A.M.

The CAUSE OF DEATH* was as follows:

Malignant Ulceration of left & left Side of Neck (Epithelioma).

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) H. L. Chaney M. D.

By direction of City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 24, 26

20 UNDERTAKER: Henry Hosch Son

ADDRESS: 801 E. Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11753 E 11753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 100

CITY OF BALTIMORE: (No. 1425 Bentalou ST. 15-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Carroll Lamb Jr

(Residence in Baltimore: No. 1425 Bentalou St. 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, March 16, 1925
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Leonard Taubie

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Hester Schwartz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Taubie

(Address) 1425 Bentalou

June 23 1926 C. HAMPSON JONES, M. D.

....., 191.... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21., 1926
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15. 1926, to June 21, 1926, that I saw him alive on June 21 1926, and that death occurred, on the date stated above, at 4-30 P.M.

The CAUSE OF DEATH* was as follows:

Emphysema

(Duration) 7 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Bronchio-Pneumonia

(Duration) 1 yrs. mos. 16 ds.

(Signed) Thos. Horton M. D.

6/23, 1926 (Address) 555 N. Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, June 24 1926.

20-UNDERTAKER W M Routson

ADDRESS 2238 N Monroe

Spec.—1-10-21 M&T 1500 Bks.

Romoser.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11754

CERTIFICATE OF DEATH.

101-001

E 11754

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 19-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Romoser

(a) RESIDENCE NO. 1330 W. Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years 55 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Charles Romoser

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Darby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant City Hospital Records (Address)

15 Filed 6 23 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17 1926, to June 21, 1926, that I last saw him alive on June 21, 1926, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

June 22 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 6/23 1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun & Hollins Sts

Spec.—12-9-25—2A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11755

CERTIFICATE OF DEATH.

74-001

74 E 11755

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1902 Hudson St. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Schultz

(a) RESIDENCE NO. 1902 Hudson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest A. Schultz

6 DATE OF BIRTH (month, day, and year) Jan 15-1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer none

9 BIRTHPLACE (city or town) not known

(State or country) Germany.

PARENTS

10 NAME OF FATHER Herman Lasch

11 BIRTHPLACE OF FATHER (city or town) not known

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) not known

(State or country) Germany.

14 Informant Mrs. Julia Forn Daughter

(Address) 1902 Hudson St

15 Filed 6-23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to June 20, 1926

that I last saw her alive on June 20, 1926

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cyanosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. E. Bongner, M. D.

6/22/1926 (Address) 1614 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cem. Date of Burial June 23rd 1926

20 UNDERTAKER Lilly & Julius ADDRESS 103 S. Wolfe St.

Spec.—1-10-21 - M&T - 1500 Bks.

E 11756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 11756

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 24-1 WARD)

2-FULL NAME Marie McKay

(a) RESIDENCE NO. 1250 Battery Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): wid.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE: Years 78yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

15 Filed 6 23 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1925, to June 21, 1926, that I last saw her alive on June 21, 1926, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 2½ yrs. (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Hall, M. D.

6/22/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cty Md.

DATE OF BURIAL: 6/23 1926

20 UNDERTAKER: J. Fenwick McCully

ADDRESS: 130 E Fort

Cor.—1-12-23—M&T—100 Bks.

E 11757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 11757

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 New ST. 17-3 WARD)

2-FULL NAME Henry Roberts

(a) RESIDENCE NO. 405 New ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) about 1877

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sample Carrier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Wm. Roberts

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Edward Roberts
(Address) 402 Forrest St

Filed 3 1926 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

6/22/26 (Address) 2702 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashley Cem.	June 24 1926
20 UNDERTAKER	ADDRESS
Chas. H. Thomas & Co.	N. Carlin St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Leifschneider

31

E 11758

CERTIFICATE OF DEATH.

E 11758 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 408 S. Robinson St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Thorwood

(a) RESIDENCE NO. 408 S. Robinson St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Thorwood

6 DATE OF BIRTH (month, day, and year) Oct. 6th 1868

7 AGE Years	Months	Days	IF LESS than 1 day....hrs. or....min.
57	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Jubb.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Annie E Higgins

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Charles E. Thorwood

(Address) 408 S. Robinson St.

Filed 6 23 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1926, to June 20, 1926, that I last saw her alive on June 20, 1926, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. A. Leifschneider, M. D.

6/22 1926 (Address) 2939 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial June 24 1926

20 UNDERTAKER Lilly & Geider ADDRESS 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

Schreiber

HEALTH DEPARTMENT—CITY OF BALTIMORE

11759

101-001

CERTIFICATE OF DEATH.

E 11759

REGISTERED NO.

1-PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. Lombard and Greene Sts. WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schreiber -

(a) RESIDENCE No. 1903 Jefferson ST., WARD Balto, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 03 yrs. 00 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married -

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Schreiber

DATE OF BIRTH (month, day, and year) Mar 28- 1873.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52	2	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Herman Schreiber

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Herbst

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany -

Informant Estella Schreiber
(Address) 1908 Jefferson St

Filed JUL 3 1926 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6- 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 6- 21, 1926, to 6- 22, 1926,

that I last saw him alive on 6- 22, 1926,

and that death occurred, on the date stated above, at 4:25 A.m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical findings

(Signed) W. E. Lemmon, M. D.

(Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL June 27 1926

20 UNDERTAKER John Ulrich

ADDRESS 2008 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11760 — E 11760

CERTIFICATE OF DEATH.

11-002

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2903 Harlem Ave St. 16-2 Ward)

2-FULL NAME Mary R. Webb

(a) RESIDENCE NO. 2903 Harlem Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown.

6 DATE OF BIRTH (month, day, and year) ? ? 1833

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
84 93	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Norfolk.

(State or country): Va.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown.

14 Informant: Amelia Schimmiger

(Address) 2903 Harlem ave.

15 Filed JUN 23 1926, 19 HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 22-1926.

17

I HEREBY CERTIFY, That I attended deceased from June 15-, 1926, to June 22-, 1926, that I last saw her alive on June 21-, 1926; and that death occurred, on the date stated above, at 11:45a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs.

(Signed) Chester Roland, M. D.

6-22-, 1926 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va

Date of Burial: June 23 1926

20 UNDERTAKER: Chas. E. Francis

ADDRESS: 802 Madison ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11761

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Riggs Ave ST. 16-4 WARD) REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Elizabeth Bloecher

(a) RESIDENCE. No. 1901 Riggs Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Bloecher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ottilie Lorsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John Bloecher (Address) Balto. Md.

15 Filed JUN 23 1926 H. HAMPSON JONES, Registrar By K.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 23 1926

17 I HEREBY CERTIFY, That I attended deceased from JUN 18 1926 to JUN 22 1926

that I last saw h alive on JUN 22 1926

and that death occurred, on the date stated above, at er m.

The CAUSE OF DEATH* was as follows:

Mediastinal Tumor (Lympho-sarcoma) inducing strangulation

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) X Terminal pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? Yes Date of JUN 22 1926

Was there an autopsy? No

What test confirmed diagnosis? X-ray, etc.

(Signed) Dartus I. Baggott, M. D.

19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	6/23/26
20 UNDERTAKER	ADDRESS
Geo. Huber & Son	2503 Edmondson Ave

yco.—1-12-23—M&T—500 Bks.

Dull.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11762

CERTIFICATE OF DEATH.

X 57 E 11762

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Dull

(a) RESIDENCE NO. Annapolis Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Dull

DATE OF BIRTH (month, day, and year) Jan 1st 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60			22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Geo. W. Dull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant University Hospital

(Address)

Filed 6-23 1926, 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to June 23 1926,

that I last saw him alive on June 23, 1926,

and that death occurred, on the date stated above, at 8:05 Am.

The CAUSE OF DEATH* was as follows:

Diabetes & Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Cong

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W H Watts, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md.

DATE OF BURIAL June 25 1926

20 UNDERTAKER Jas S. Taylor Sons

ADDRESS Annapolis Md

Spec.—1-10-21—M&T—1500 Bks.

E 11763

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

E 11763

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 14-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Magnani

(a) RESIDENCE NO. 1519 Fenna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Assunta Magnani

6 DATE OF BIRTH (month, day, and year): April 29-1872

7 AGE: Years 54 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 886

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mrs. Assunta Magnani
(Address) 1519 Fenna Ave

15 Filed 6 23 1926 19 Ent. RL C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-17, 1926, to 6-22, 1926, that I last saw him alive on 6-22, 1926, and that death occurred, on the date stated above, at 8 45 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia (Terminal) (duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Widal

(Signed) J Sheldon Eastland, M. D.

19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary Cemetery Richmond Va.

DATE OF BURIAL: 24 June 1926

20 UNDERTAKER: Gibney & Sons.

ADDRESS: 1827 W. Mount Clare

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11764 1926 56 187

E 11764

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Christs Institution Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 704 Ensor St ST., 17-1 WARD)

2-FULL NAME Martha E. Thornton

(a) RESIDENCE NO. 823 N. Fremont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE — Years: 53 | Months: | Days: | If LESS than 1 day, ...hrs. or ....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Shepherd

(Address) 823 N Fremont Ave

Filed JUN 23 1926 HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 22, 1926, that I last saw her alive on June 22, 1926, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 7 mos. 10 ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr. [illegible] M. D.

6-24-1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon

DATE OF BURIAL: June 25 1926

20 UNDERTAKER: Thomas E. Hodgson & Son

ADDRESS: 1524 Pennsylvania Ave

Spec.—12-9-25—A Co.—200 Bks.

Chladek.

E/11765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49

E 11765

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Chladek

(a) RESIDENCE NO. 915-Granden Pde St. Raleigh Ward Ct. Pulaski 2a

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Europe

(State or country)

PARENTS

10 NAME OF FATHER Jos. Chladek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Europe

12 MAIDEN NAME OF MOTHER Anna Kvrata

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Europe

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

Filed JUN 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 23, 1926, that I last saw h[illegible] alive on June 23, 1926, and that death occurred, on the date stated above, at 4:35 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate with possible leptticemia and terminal pneumonia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of 6/23/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Winfield W. Scott, M. D.

, 19 (Address) Johns Hopkins Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tyndall South Dakota Date of Burial 6/23/1926

20 UNDERTAKER Joseph Ahern ADDRESS 224 Aug

Spec.—1-10-21—M&T—1500 Bks.

11766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4/E 11766

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 7-13 (WARD)

2-FULL NAME Mrs Victoria Schwikida.

(a) RESIDENCE No. 2 St. Thomas Ave (St.) Belair Md (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. C. Schwikida

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Prague Bohemia

PARENTS

10 NAME OF FATHER: Jos. Neumann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Europe

12 MAIDEN NAME OF MOTHER: Barbara Prokopka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Europe

14 Informant: Neil Schwikida

(Address) 2 St Thomas Ave.

15 Filed NOV 23 1926 C. HAMPSON PHILLIPS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 21, 1926, that I last saw h[illegible] alive on June 21, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Extensive carcinoma stomach

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Inanition

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 6-21-26.

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic

(Signed) J. T. Hunter M. D.

6/21, 1926 (Address) C/o St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: June 24. 1926

20 UNDERTAKER: Frank Enoch Son

ADDRESS: 1906 Eden

Cor.—12-9-25—A Co.—200 Bks.

E 11767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90~

REGISTERED No. E 11767

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 Ashland Ave St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Stastny

(a) RESIDENCE NO. 2008 Ashland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Stastny

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Stastny

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Pauline Stastny

(Address) 2008 Ashland Ave

15 Filed ..... 19.. C. HAMPSON JONES, Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) History of Rheumatism

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cater, M. D.

(Coroner)

6/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cadwell Date of Burial June 24 1926

20 UNDERTAKER Grant Corbin Son ADDRESS 1906 E Oliver

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11768

CERTIFICATE OF DEATH.

129 E 11768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1380 Woodyear ST., 15-13 WARD)

2-FULL NAME Charles Hammond Gilles

(a) RESIDENCE NO. 1380 Woodyear ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lina Gilles,

6 DATE OF BIRTH (month, day, and year) August 13, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Balto.

9 BIRTHPLACE (city or town) (State or country) West Chester Pa.

PARENTS

10 NAME OF FATHER Levi Gilles

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Fisher

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Jeannette Brown (daughter)

(Address)

15 Filed 6-29 1926 C. HAMPSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1924, to June 30, 1926.

that I last saw h.. alive on June 30, 1926,

and that death occurred, on the date stated above, at 5:45A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) W. L. Kelly, M. D.

, 19 (Address) 1502 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL June 24 1926

20 UNDERTAKER Chas H. Dennis and E. Kelson — ADDRESS 1303 Pressman

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11769

E 11769

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1510 N. Fremont Ave STR. 15-13 WARD)

2-FULL NAME Jennie Smith—

(a) RESIDENCE NO. 1510 N. Fremont Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Manuel Smith—

6 DATE OF BIRTH (month, day, and year): Jan 20, 1866

7 AGE: Years 60 Months 5 Days 1 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Wm Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Mary Quill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant: Maggie Carroll

(Address): 1510 N. Fremont Ave

15 Filed: N23 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3rd, 1926 to June 21st, 1926, that last saw h[illegible] alive on June 21st, 1926, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Lupus Erythematosus

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Thi., M. D.

6/22, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: June 25 1926

20 UNDERTAKER: Mrs Geo H. Dennis per T.G. Nelson

ADDRESS: 1303 Druid Hill St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 11770

E 11770 CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5116 Palmer ave 27-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Chapman.

(a) RESIDENCE NO. 5116 Palmer ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days: 1 | If LESS than 1 day, hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER W. D. Chapman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER J. E. Williams

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant J. E. Williams

(Address) 5116 Palmer ave

Filed JUN 23 1926 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22 1926.

17 I HEREBY CERTIFY, That I attended deceased from 6-21- 1926 to 6-22 1926.

that I last saw him alive on 6-22 1926.

and that death occurred, on the date stated above, at ? m.

The CAUSE OF DEATH* was as follows:

Premature birth.

5 mo + Ectra -

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ?

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) S. Draper M. D.

6-22 1926 (Address) 2604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bd. of Health

C. H. J. Rohrer

20 UNDERTAKER

DATE OF BURIAL 19

ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11771
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. E 11771

CITY OF BALTIMORE (No. 110 E. Preston Street St. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward T. Lumpkin

(Residence in Baltimore: No. 110 E. Preston St. St.; yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Oct. 3rd, (Month) (Day) 1870 (Year)

7-AGE: 55 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Richmond Va.

PARENTS.

10-NAME OF FATHER: Dr. J.G. Lumpkin

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary E. Shelton

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hughes

(Address) 609 Inwood Ave

15- Filed JUN 23 1926 191.... By ..... Registrar.

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry. thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Arteriosclerosis

Ante Mortem (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Hampson Jones (Coroner.) M. D.

June 22, 1926 (Address) 10 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Richmond Va.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 25 1926

20-UNDERTAKER Chas. P. Evans & Son

ADDRESS 118 N. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

L 92978
11772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Mrg—3

X 90 E 11772

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Cochran

(a) RESIDENCE NO. 312 E. Fourth St. St. Williamsport Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie M. Lowinch Cochran

6 DATE OF BIRTH (month, day, and year) June 23. 1871

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa

(State or country)

PARENTS

10 NAME OF FATHER Henry Cochran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada

12 MAIDEN NAME OF MOTHER Ann Penrose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maine

14 Informant Theresa Cochran

(Address) 312 E. Fourth St. Williamsport Penna

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to June 23, 1926

that I last saw h.. alive on June 23, 1926

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Arteriosclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY —

(Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted

if not at place of death? Williamsport, Penna

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) E. F. Wahl, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Williamsport Penna Date of Burial June 27 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 11773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

001

74 E 11773

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Bolton ST., 14-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvine Troup Dunkel

(a) RESIDENCE No. 1819 Bolton ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Page Dunkel

6 DATE OF BIRTH (month, day, and year) July 31 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	69	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas R Dunkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louise D Dunkel

(Address) 1819 Bolton St

15 Filed JUN 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 9 June, 1926, to 22nd June, 1926, that I last saw him alive on 21 June, 1926, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) ✓ yrs. ✓ mos. 12 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? History + physical

(Signed) Horace W. Byers, M. D.

, 19 (Address) 749 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cem Ellicott City Md — DATE OF BURIAL June 24 26

20 UNDERTAKER: John O. Mitchell — ADDRESS 801 W Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11774

E 11774

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2506 Madison Ave., St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther D. Benjaman

(Residence in Baltimore: No. 2506 Madison Ave., St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

6-DATE OF BIRTH: ..... (Month) ..... (Day) 895 (Year)

7-AGE: 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Chiam Looban

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Rachael Varsbuck

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Leiws

(Address) 1439 E. Balto. St.,

15- C. HAMPSON JONES, M. D.

Filed ..... 192.

N 23 1924 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 22nd (Month) (Day) 192.4 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry); thereon and from the evidence obtained by said Inq (Inquest, autopsy or Inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

3 degree Burns

Accidental

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) John Morrison M. D. (Coroner.)

6/23 192 (Address) 3012 Rokeby Road

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rodale — DATE OF BURIAL: 6-23-19 24

20-UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto

11775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-5 178 E 11775

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2506 Madison Ave., ... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Leonard D. Benjaman .....

(Residence in Baltimore: No.... 2506 Madison Ave., ... St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. ---------- 1924
(Month) (Day) (Year)

7-AGE. ..... 2 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER. Robt. B. Benjaman

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Esther D. Leoban

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis .....

(Address) 1439 E. Balto. St., ...

JUN 23 1926 C. HAMPSON JONES, M. D.

Filed ..... By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... June 22 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

3 degree Burns

Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrissey M. D.
(Coroner)

6/22 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Pine Lawn DATE OF BURIAL. 6-23 1926

20-UNDERTAKER. Jack Lewis ADDRESS 1439 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11776

CERTIFICATE OF DEATH.

90 E 11776

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 East 25 = ST. 8-1 WARD)

2-FULL NAME Katherine Hedwig

(a) RESIDENCE No. 1624 East 25 = ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Hedwig

6 DATE OF BIRTH (month, day, and year): June 11 = 1833

7 AGE: Years 93 | Months 0 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Heinrich Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Unger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Hiett

(Address) 1624 East 25 = [illegible]

15 6 3 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 22, 1926, that I last saw h[illegible] alive on June 21, 1926, and that death occurred, on the date stated above, at 9.05 a m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

6/22 (Signed) I J Kinzer, M. D.

196 (Address) 2700 Hadfield Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 6/24 1926

20 UNDERTAKER: Em. Hilbert & Son — ADDRESS: 258 3 Edmondson

Cor.—12-9-25—A Co.—200 Bks.

E 11777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

E 11777

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allene Elizabeth Zimmerman

(a) RESIDENCE NO. 3207 Ravenswood Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst Zimmerman

6 DATE OF BIRTH (month, day, and year) Apr 2/1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Co

(State or country) Balto, Md

PARENTS

10 NAME OF FATHER John F. Knoble

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Co, Md

12 MAIDEN NAME OF MOTHER Elizabeth Kurtz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co Md

14 Informant Ernst Zimmerman

(Address) 3207 Ravenswood Ave

15 JUN 23 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over almost entire body

Accidental- Clothing caught fire while lighting gas water heater

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Pullen, M. D. (Coroner)

6/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial June 24 1926

20 UNDERTAKER Hughes & Jones Inc ADDRESS 424 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11778

CERTIFICATE OF DEATH.

1949 E 11778

1-PLACE OF DEATH South Baltimore Gen. Hosp. REGISTERED NO.

City of BALTIMORE: (No. 1243 Light St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John. Downs

(a) RESIDENCE NO. Oxford. Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	Abt 60			
	Unknown			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) farmer

(c) Nnme of employer

9 BIRTHPLACE (city or town)

(State or country) Oxford, md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant M. E. Newman & Bro

(Address) Oxford Md Maryland

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year). June 21st 1926

I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 21, 1926

that I last saw h.. alive on June 21, 1926

and that death occurred, on the date stated above, at 9 A.M. P.M.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY, Carcinoma — ?

(Secondary)

Prostate (duration) yrs. 6 mos. ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? Yes Date of June 21-26

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. B. Dalton, M. D.

, 19 (Address) South. Balt. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oxford Maryland Date of Burial 6/03 1926

20 UNDERTAKER William Cook ADDRESS 502 E Main St

Spec.—1-10-21—M&T—1500 Bks.

E 11779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11779

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital.

CITY OF BALTIMORE: (No. 33d & Calvert ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Claude Adkins

(a) RESIDENCE NO. Snow Hill, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Claude Adkins.

6 DATE OF BIRTH (month, day, and year): June 13, 1897

7 AGE: 29 Years | Months | 5 Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farming.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Snow Hill, Md.

PARENTS

10 NAME OF FATHER King Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Snow Hill, Md.

12 MAIDEN NAME OF MOTHER Esther Stockley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Snow Hill

14 Informant: Emily Adkins (Address) Snow Hill Md

15 Filed JUN 3 1926, 19. C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to June 23, 1926, that I last saw him alive on June 22, 1926, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver.

(Local)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Dr. W. S. Hannah, M. D.

, 19 (Address) U M Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Snow Hill Md — DATE OF BURIAL: 6/23 19 26

20 UNDERTAKER: William Cook — ADDRESS: 502 E Main

Spec.—12-9-25—A Co.—200 Bks.

E 11780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 ✓

F 11780

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2815 Frederick Ave 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie E Dawson

(a) RESIDENCE No. 2815 Frederick Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Left

Left

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gordon Dawson

6 DATE OF BIRTH (month, day, and year): Jan 9 06

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Silbey

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Sadie Richardson

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Sadie Silbey

(Address) 2815 Frederick Ave

3 1926 C. HAMPSON JONES, M. D. Registrar

Herman 2687 Woodbourne

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to June 22, 1926, that I last saw h.. alive on June 21, 1926, and that death occurred, on the date stated above, at 7 40 P. M.

The CAUSE OF DEATH* was as follows: Osteomyelitis of upper jaw

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

June 23 1926 (Address) 2687 Monterey Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemt Date of Burial June 24 1926

20 UNDERTAKER: Williamback & Son ADDRESS 521 E Balto

Spec.—12-9-25—A Co.—200 Bks.

E 11781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002 E 11781

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1309 N. Patterson Park Ave 8-3 Ward)

2-FULL NAME Florence Smith

(a) RESIDENCE NO. 1309 N. Patterson Park Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Samuel A. Smith

6 DATE OF BIRTH (month, day, and year): 1839

7 AGE: Years 87; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Dont Know

14 Informant A. Jones

(Address) 1309 N. Patterson Park Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per RCP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to June 22, 1926, that I last saw her alive on June 22, 1926, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis

(Signed) B. F. Herzog M.D.

6/23, 1926 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Management Co

Date of Burial: June 24 1926

20 UNDERTAKER: Robt J. Turner Sons

ADDRESS: 1743 E. Broadway

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11782

CERTIFICATE OF DEATH.

49 E 11782

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3509 Powhatan Ave 6-4 Ward)

2-FULL NAME Elbert W. Coke

(a) RESIDENCE NO. 3509 Powhatan Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude L. Coke

6 DATE OF BIRTH (month, day, and year): Sept 2, 1875

7 AGE — Years: 50 — Months: 9 — Days: 20 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Educational Work.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Knoxville

(State or country): Tenn.

PARENTS

10 NAME OF FATHER: Geo. N. Cobb

11 BIRTHPLACE OF FATHER (city or town): Boston

(State or country): Mass

12 MAIDEN NAME OF MOTHER: Nancy McPherson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): N.C.

14 Informant: Gertrude L. Coke

(Address): 3509 Powhatan Ave

15 [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from October 1925 to June 22nd 1926, that I last saw h[illegible] alive on June 22nd 1926 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Anemia due to

Colon (duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Edward Dyer Leonard M. D.

(Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Concord N.C. Date of Burial June 23 1926

20 UNDERTAKER: Wm. J. Fletcher Sons ADDRESS Montclair Pa

Cor.—12-9-25—A Co.—200 Bks.

E 11783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11783

CERTIFICATE OF DEATH.

170

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1701 Linford Ave St. 12-6 Ward)

2-FULL NAME Arthur Jos. Jamusheh

(a) RESIDENCE NO. 2307 Allendale Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen E.

6 DATE OF BIRTH (month, day, and year): Nov. 23-1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Reiker

(b) General nature of Industry, business, or establishment in which employed (or employer): Civil Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Michigan

PARENTS

10 NAME OF FATHER: James V. Jamusheh

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER: Dankers

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Holland

14 Informant: Joseph J. Jamusheh

(Address) 2617 Fairmount Ave

15 Filed _____ 19 ____ C. HAMPSON JONES, M. D. Registrar

3 1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Bullet fired into mouth from revolver

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.

(Coroner)

June 22, 1926 (Address) 1699 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial: June 25, 19 26

20 UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E. Eager St.

11784

HEALTH DEPARTMENT—CITY OF BALTIMORE

11784

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2405 Arunah Ave ST. 16-3 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga A Swikert

(Residence in Baltimore: No. 2405 Arunah Ave. St.; 25 yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Oct 25, 1840 (Month) (Day) (Year)

7-AGE. 80 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Swikert

(Address) 2405 Arunah Ave.

15- C. HAMPSON JONES, M. D.

Filed ....., 191.... Per ..... Registrar.

3 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 5 min

(Duration) yrs. mos. ds.

(Signed) J. T. Kennedy M. D. (Coroner.)

6/23/26 191... (Address) 502 Equitable

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	June 25, 1926

20-UNDERTAKER Wm. H. Taylor & Son

ADDRESS 847 W. Fayette St.

Spec– 12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11785 — 90 — E 11785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 2025 E Pratt St. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Nowakoski

(a) Residence No. 2025 E Pratt St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Nowakoski

6-DATE OF BIRTH (month, day and year): Sept 1853

7-AGE: 72 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: H

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS:

10-NAME OF FATHER: A Novak

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant) Wanda Nowakoski

(Address) 2025 E Pratt St

15- Filed ..... 192.. ..... Registrar.

3 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 22-1926

17- I HEREBY CERTIFY, That I attended deceased from 6-18- 19.26 to 6-22 19.26

that I last saw h.er alive on 6-22- 19.26

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick T. Herrmann M. D.

6-23 1926 (Address) 2913 E. Balto

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
St Stanislaus	June 25 1926

20-UNDERTAKER,	ADDRESS
John M Weber	1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 11786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 11786

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 23 S Regester ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Urban Cairl Olkowski

(a) RESIDENCE NO. 123 S Regester ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1925

7 AGE — Years: | Months: 11 | Days: 6 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER George Olkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Bertha Walczak

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs Bertha Olkowski (Address) 123 S Regester st

15 Filed , 19 3 1926 Registrar

C. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/16, 1926, to 6/21, 1926, that I last saw him alive on 6/21, 19, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pathological Rectal Abscess

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Removed abscess Date of 6/18/26

Was there an autopsy? No

What test confirmed diagnosis? Sigma + Symptoms

(Signed) Harry A Bruchfeld, M. D.

, 19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Jun 24 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11787

E 11787

CERTIFICATE OF DEATH.

179

REGISTERED NO. 25-11

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wanda P. Cieplerski.

(a) RESIDENCE NO. 23 Cereal Street Curtis Bay. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) May 19th, 1922.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Cieplerski.

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Catherine Kot.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Poland.

14 Informant Joseph Cieplerski.(father).

(Address) 23 Cereal St. Curtis Bay.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Burned about the body playing with matches.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

June 22, 1926 (Address) 1017 S. Charles Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? June 21. 26 On lot in back of 27 Cereal st. Curtis Ba

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial June 24 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank st

spec.—1-12-23—M&T—500 Bks.

E 11788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 11788

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Ray

(a) RESIDENCE NO. 1318 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Black	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER J. W. Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lucie McClenen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Wiley Ray

(Address) 1318 Argyle Ave.

Filed 3-1926 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to June 23, 1926, that I last saw her alive on June 23, 19, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

(over)

Acute Cardiac Dilatation

3 hours. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 22, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Signs

(Signed) K B Boyd, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
McCullah N. Carolina	6/24/1926
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~E~~ 11789 (23 4 3)

3 2 E 11789

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Percy Belchers

(a) RESIDENCE NO. 219½ E. North Ave. St. _____ Ward Resident

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 48 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) about 1878

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
48	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) OH

(c) Name of employer

9 BIRTHPLACE (city or town) Va —

(State or country)

PARENTS

10 NAME OF FATHER Richard Belchers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Francis Berkley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed JUN 23 1926 19 C. HAMPSON JONES, Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1926 19

17

I HEREBY CERTIFY, That I attended deceased from 6/15/26, 19..., to 6/23/26, 19...,

that I last saw h.. alive on 6/23/26, 19...,

and that death occurred, on the date stated above, at 6⁴⁵ a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Acid fast in spinal fluid

(Signed) E. J. Wahl, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Haymarket - Va Date of Burial June 24 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11790

CERTIFICATE OF DEATH.

129 E 11790

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 604 West Lombard St. St., 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levering Smith Flowers

(a) RESIDENCE NO. 604 West Lombard St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M.

6 DATE OF BIRTH (month, day, and year) April 4, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lather

(b) General nature of industry, business, or establishment in which employed (or employer) Francis Leech

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER David F. Flowers

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Harford County, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Waters

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Harford County, Md.

14 Informant Mrs. Annie Flowers

(Address) 604 West Lombard Street

15 Filed_____ 19____ C. HAMPSON JONES, M. D.

1926 Per C.N.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to June 21, 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at 9.15p m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ? yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? no Date of_____

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) F. H. Uhrup, M. D.

6/22 19 26 (Address) 37 South Stricker Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial June 24 26

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 11791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11791

118-901

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No.) Calhoun Cor Fayette STREET (OR WARD) 70 W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Harriet Stein.

(a) RESIDENCE NO. 2620 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Stein.

6 DATE OF BIRTH (month, day, and year) November 25, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hidgon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland

14 Informant Miss Sarah Heim (Address) 2620 Frederick Avenue

15 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-1926

17 I HEREBY CERTIFY, That I attended deceased from 6-18-, 1926, to 6-22-, 1926, that I last saw her alive on 6-22-, 1926, and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Complete right inguinal hernia

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-19-26

Was there an autopsy? No What test confirmed diagnosis? Clinical & laboratory Tests.

(Signed) Harry H Cate, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	June 25 1926
UNDERTAKER	ADDRESS
Joseph B Cook	1003 N Bath St

Cor.—12-9-25—A Co.—200 Bks.

11792

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 | E 11792

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 Market Spa St. 13 Ward)

2-FULL NAME Rudolf (Ford or) Chapster

(a) RESIDENCE NO. Unknown (formerly Bay View Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 5-4 | Months 10 | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: R. or M. Chapster

11 BIRTHPLACE OF FATHER (city or town): Howard Co

(State or country)

12 MAIDEN NAME OF MOTHER: E. Warfield

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Robert Chapster

(Address) [redacted] Howard Co

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 | 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart.

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Epilepsy

(duration) yrs. mos. ds.

(Signed) W. V. Kelly Coroner M. D.

June 23, 1926 (Address) 1638 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Warfield Family Cem. Date of Burial June 24 19 26

20 UNDERTAKER: Easton Sons & Elliott ADDRESS

E 11793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11793

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estie P. Phipps

(Residence in Baltimore: No. 1710 N. Calvert St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Oct 11th, 1902 (Month) (Day) (Year)

7-AGE 23 yrs. 8 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Stephen T. Phipps

11-BIRTHPLACE OF FATHER, (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Carrie Gorr

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen T. Phipps

(Address) 3420 Cedar Ave Balto

15- Filed C. HAMPSON JONES, M. D. Registrar.

1926 Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21st, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

(Duration) 24 hours

CONTRIBUTORY (Secondary) Auto Accident

(Duration) yrs. mos. ds.

(Signed) Jno. B. Horton M. D. (Coroner)

June 21 1926 (Address) Curtis Bay.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Middleton Cem DATE OF BURIAL, June 24, 1926

20-UNDERTAKER, E. LeRoy Stiffler ADDRESS 1234 Walk Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11794

CERTIFICATE OF DEATH.

160 E 11794

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gordon Schwartz

(a) RESIDENCE NO. 2201 Grove ST, Mount Park ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7 1926

7 AGE — Years: — Months: 3 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Tucker

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant John Schwartz

(Address) Monrell Park

15 JUN 24 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6—22—1926

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1926, to June 22, 1926, that I last saw him alive on June 22, 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Per K. coroner J. J. Grossman

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Clewell Howell, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross. A A Co

DATE OF BURIAL: 6-24 1926

20 UNDERTAKER: James Dignan & Son

ADDRESS: 1000 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11795

CERTIFICATE OF DEATH.

E 11795

REGISTERED NO. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Carroll ST. 21-2 WARD)

2-FULL NAME Helen Volkman

(a) RESIDENCE NO. 1306 Carroll ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Volkman.

6 DATE OF BIRTH (month, day, and year): Feb 16 1844

7 AGE: Years 82 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Frederick Volkman.

(Address) 1232 Cleveland - St

15 Filed JUN 24 1926 HAMPSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-21-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to June 21, 1926, that I last saw her alive on June 19, 1926 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Appendicitis Chronic

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edw F Grunbaum, M. D.

6 22 1926 (Address) 511 Cloden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Cem. Violettsville — DATE OF BURIAL: 6-24 1926

20 UNDERTAKER: Mrs Chas G Rohde — ADDRESS: 600 N Arlington Ave

Spec.—12-9-25—A Co.—200 Pks.

E 11796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 11796
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2006 N. Lexington St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Deborah V. Helland

(a) RESIDENCE NO. 2006 N. Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 23 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Helland

6 DATE OF BIRTH (month, day, and year): May 30 - 1851

7 AGE — Years: 75 | Months: 0 | Days: 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Jamison

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Scotland

12 MAIDEN NAME OF MOTHER: Mary Greer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Mary A. Helland

(Address): 2006 N. Lexington

15 Filed: JUN 24 1926

G. HAMPSON JONES, M. D.
Registrar

Per: R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22. 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to June 21, 1926

that I last saw h.. alive on June 21, 1926

and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & nephritis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted? —

If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Hattie E. Mickayan, M. D.

6/22 1926 (Address) 2002 N. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: June 24 1926

20 UNDERTAKER: Wm J. Tickner & Sons — ADDRESS: N. & Pa.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 11797

CERTIFICATE OF DEATH.

E 11797 Registered No. 98

1-PLACE OF DEATH 2036 Washington St

City of BALTIMORE: (No. 2036 N. Wash St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sydna Ann Wilson

(a) Residence No. 2036 N. Wash St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Wilson

7-DATE OF BIRTH (month, day and year) Aug 16 1843

8-AGE. 82 yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Md.

10-NAME OF FATHER Samuel Holland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Eliz Kindall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md.

14-(Informant) Mrs Bradford

(Address) 2036 N. Washington St

JUN 24 1926 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 22-26

17- I HEREBY CERTIFY, That I attended deceased from July 29 1925 to June 22 1926

that I last saw h[illegible] alive on June 22 1926

and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 11 mos. 26 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm M. D.

6/23 1926 (Address) 1823 N. Wash St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Hanfdan DATE OF BURIAL, June 24 1926

UNDERTAKER. ADDRESS. H S Marshall 3539 Falls Rd

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11798

CERTIFICATE OF DEATH.

175 E 11798

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Stricker ST. 14-1 WARD)

2-FULL NAME Ella Bowser

(a) RESIDENCE NO. 408 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 8 mos. ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Bowser

6 DATE OF BIRTH (month, day, and year) Oct 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	39	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Launderess

(b) General nature of industry, business, or establishment in which employed (or employer) Family Laundry

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Edward Burke

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Ada Winder

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Ada Burke (Address) 408 N Stricker St

Filed JUN 24 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 14th, 1926, to June 22, 1926, that I last saw her alive on June 21st, 1926, and that death occurred, on the date stated above, at 7.55 A m.

The CAUSE OF DEATH* was as follows:

Acute Suppuration Pancreatitis (duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward E Mackenzie, M. D.

June 22, 1926 (Address) 1339 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	June 24 26
20 UNDERTAKER Samuel J Crowley	ADDRESS 1718 W Biddle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11799

101-001

CERTIFICATE OF DEATH.

E 11799

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 927 Pierce ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Smith

(a) RESIDENCE NO. 927 Pierce ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22/885

7 AGE: Years 71 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frank Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Kate Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Gertrude Jones 927 Pierce St.

Filed 6-24 1924 19 C. HAMPSON JONES, M. D. Registrar

Per ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1924

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1924, to June 22, 1924.

that I last saw h[illegible] alive on June 21, 1924.

and that death occurred, on the date stated above, at 2-45 9 m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 727 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: June 24/24

20 UNDERTAKER: Daniel Easton

ADDRESS: 716 Bank

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11800 9 E 11800

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 411 N. Spring St St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Jones

(a) RESIDENCE NO. 411 N. Spring St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of noone

6 DATE OF BIRTH (month, day, and year) May 1/1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Amy Payne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant John Jones

(Address) 411 N. Spring St.

Filed 6-24 1926 C. HAMPSON JONES, M. D. Registrar

Per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia

(No physician in attendance)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Reported Whooping Cough

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Roe, M. D. (Coroner)

6/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 1926
Cloverdale	June 24

20 UNDERTAKER	ADDRESS
Jam's M. Chase & Son	1400 Mosher

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 Stricker St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas Fleet Nelson.

(a) Residence No. 1020 Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Virgie Nelson

6-DATE OF BIRTH (month, day and year) April 16, 1886

7-AGE, 40 yrs. 2 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Janitor.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Goucher College.

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Josiah Nelson.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Maria McCoy.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-INFORMANT. Virgie Nelson

(Address) 1020 Stricker St.

15-FILED 1926 C. HAMPSON JONES, M. D.

Per Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from February 1, 1926 to June 23, 1926

that I last saw him alive on June 22 1926

and that death occurred, on the date stated above, at 9:05 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. 4 mos. 5 Months ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm. H. Hagner M. D.

June 23, 1926 (Address) 1209 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Burial Forest Park	June 25 1926
20-UNDERTAKER.	ADDRESS
Wm. H. Chase & Son	400 Mosher

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11802

CERTIFICATE OF DEATH.

E 11802

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 639 Vine St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas

(a) RESIDENCE NO. 639 Vine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (Write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 26

7 AGE: Years 7 Months 2 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Teresa Anderson

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant John Thomas

(Address)

15 Filed _____ 16 C. HAMPSON JONES, M. D. Registrar

NOV 24 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pleuro Pneumonia Empyema

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

June 22 1926 (Address) 1143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial — 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND JUN 23 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11803

CERTIFICATE OF DEATH.

91-902 E 11803

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2130 Cambridge St. 1-1 Ward)

2-FULL NAME Harry Curtain

(a) RESIDENCE NO. 2130 Cambridge St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Curtain

6 DATE OF BIRTH (month, day, and year) Jan 9. 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common 040

(c) Name of employer Can manufacturer

9 BIRTHPLACE (city or town) _____

(State or country) Md U S

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Mrs Stella Curtain

(Address) 2328 Mayfield Ave

Filed JUN 24 1926 C. HAMPSON JONES, Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Dth death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cerebral

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Acute dilated Heart and Liver

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Burton M. D.

(Coroner)

6 23 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old St Paul's Date of Burial June 25 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

11804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen'l. Hosp. REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 11-7 WARD)

2-FULL NAME Baby Howard

(a) RESIDENCE NO. Everett-Penn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6d mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 21, 1926

7 AGE Years ..... Months ..... Days 1 day 5½ hrs. | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Howard

11 BIRTHPLACE OF FATHER (city or town) Everett (State or country) Penn

12 MAIDEN NAME OF MOTHER Florence Yates

13 BIRTHPLACE OF MOTHER (city or town) Phila. (State or country) Penn

14 Informant Mrs. Florence Howard (Address) Everett-Penn

15 Filed 2-4-1926 G. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 21, 19 26, to June 22, 19 26, that I last saw him alive on June 22, 19 26, and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Premature Child

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) G. Hampson Jones, M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Yellow Creek Pa | DATE OF BURIAL June 24 19 26

20 UNDERTAKER Harry M. Weitzel | ADDRESS 1524 W. Lanvale St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11805

CERTIFICATE OF DEATH.

129 E 11805

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 South Pulaski St. St. 70-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Nicholson

(a) RESIDENCE NO. 410 South Pulaski Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~1 1 6~~ yrs. ~~mos.~~ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late John Robert Nicholson

6 DATE OF BIRTH (month, day, and year) March 12, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER John Ridgnay

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Miss Koontz,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant C. W. Nicholson

(Address) 1611 West Pratt Street

15 Filed 6-24 1926 Per R.K. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 1926, to 6/21, 1926, that I last saw her alive on 6/21, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis (Primary)

(duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY Cardio - Renal complications (Secondary)

(duration) 0 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Warner, M. D.

6/22 26 (Address) 119 North Carey Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial June 25, 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 Balto St

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11806

CERTIFICATE OF DEATH.

11-001

E 11806

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) SYDENHAM HOSPITAL ST., 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Williams

(a) RESIDENCE NO. 1518 Rice St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) July 5, 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Theo. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Pearl Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Pearl Williams

(Address) 1518 Rice St

Filed 6-24, 19 26 C. HAMPSON JONES, M. D. Registrar

By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to June 23, 1926, that I last saw h[illegible] alive on June 23, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

6/24 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Balto

DATE OF BURIAL June 24 1926

20 UNDERTAKER Wm. Hatch R. Williams

ADDRESS 122 N. Schroeder

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11807

CERTIFICATE OF DEATH.

91 E 11807

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 302 N Carolina ST., 5-K WARD)

2-FULL NAME Louisa Barnes

(a) RESIDENCE NO. 302 N. Carolina ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

6 If married, widowed, or divorced HUSBAND of or) WIFE of Solomon Barnes

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Frank Davis

(Address) 1082 Orleans

Filed 6-24 19 26 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to June 24, 1926, that I last saw he alive on June 24, 1926, and that death occurred, on the date stated above, at 9 a/p, m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) old age

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W Clyde Barnes, M. D.

6-24-26 (Address) 1042 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL June 27 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1681 orleans st

Cor.—12-9-25—A Co.—200 Bks.

E 11808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 E 11808

REGISTERED NO.

1-PLACE OF DEATH Found floating in the water

City of BALTIMORE: (No. between Piers 5 & 6 Pratt St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester Thomas(C)

(a) RESIDENCE NO. 1532 McElderry St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Joseph Frazier.

(Address) 1605 Miller st.

Filed JUN 24 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Found floating June 21, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto K. Bernhardt M. D.
(Coroner)

6/24, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial June 24, 1926

20 UNDERTAKER Edward Bryan ADDRESS 1631 orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11809

154-002

E 11809

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 E Fayette St., 6-1 Ward)

2-FULL NAME Infant Land

(a) RESIDENCE NO. 1514 E Fayette St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, bnsiness, or estahlishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm Land

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary Compton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary (Compton) Land

(Address) 1514 E Fayette

15 Filed _____, 19____ J. HAMPTON JONES, M.D. Registrar

Par _____

6-24 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congenital Heart

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Jones M. D.

(Coroner)

6-23, 1926 (Address) 508 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial June 24 1926

20 UNDERTAKER Edward Bryan ADDRESS 1681 orleans st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11810

CERTIFICATE OF DEATH.

49 E 11810

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6-1 Ward)

2-FULL NAME Charles King

(a) RESIDENCE NO. 1635 Orleans St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ~~5~~ weeks 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Jane

6 DATE OF BIRTH (month, day, and year) 1900 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina

PARENTS

10 NAME OF FATHER George King

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Carolina

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

6-24-1926 C. HAMPSON JONES, M. D.

Filed ..... 19.. per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1926

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 21, 1926, that I last saw h~~im~~ alive on June 21, 1926, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Pancreas (head)

6 Metastases

(duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY None

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted Bolto

If not at place of death?

Did an operation precede death? Yes Date of June 16 - 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Exam

(Signed) Warfield M Theobald M. D.

, 19 (Address) JHH

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Durham N. C. Date of Burial June 24 1926

20 UNDERTAKER Edward Bryan ADDRESS 1691 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11811

CERTIFICATE OF DEATH.

12 E 11811

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital W. 1 WARD)

2-FULL NAME Mose Poss.

(a) RESIDENCE NO. 1357 W. North Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Poss.

6 DATE OF BIRTH (month, day, and year) Sept 12/1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton

(b) General nature of industry, business, or establishment in which employed (or employer) Church

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Israel Posenusky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Isadore Poss

(Address) 1357 W. North Ave

15 Dec 24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-23- , 1926, to 6-23 , 1926

that I last saw h alive on 6-23 , 1926

and that death occurred, on the date stated above, at 11 45 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) Edward P. Brunkow M. D.

6-23 1926 (Address) 1122 16 Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ohab Shalom cem	6/25 1926

20 UNDERTAKER J. J. Ahern Co ADDRESS 3314 Reisterstown Rd.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11812

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 11812

1-PLACE OF DEATH

City of BALTIMORE: (No. 2518 N. Balto. St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Morwood

(a) RESIDENCE NO. 2518 W Balto St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Morwood.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md. Balto.

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Welsh

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mr John A. Morwood

(Address) 2518 W Balto St

Filed 24 1926 C. HAMPSON JONES, M. D. Registrar

Per RL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23-26 19

17 I HEREBY CERTIFY, That I attended deceased from June 10 1926 to June 23, 1926, that I last saw h.. alive on June 22, 1926 and that death occurred, on the date stated above, at 5.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lewis L. Deane M. D.

6-24 1926 (Address) 1610 W Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial June 26 1926

20 UNDERTAKER Geo. W. Howard & Son ADDRESS 901 Harlem Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11813

CERTIFICATE OF DEATH.

E 11813

86-001

1-PLACE OF DEATH Maryland Hospital

CITY OF BALTIMORE: (No.) Fayette & Green ST., (41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saimund Marcinkevicus

(a) RESIDENCE NO. 527 W. Lexington St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Petronela Wagni

DATE OF BIRTH (month, day, and year) 1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) Sullivans

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER P Marcinkevicus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant Mrs. Friend (Address)

JUN 24 1926 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22 1926

17

I HEREBY CERTIFY, That I attended deceased from 6/11/26 19 to 6/22 19 26

that I last saw h alive on 6/22 19 26

and that death occurred, on the date stated above, at 2:00A m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis resulting from middle ear infection

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. R. Kurtz M. D.

19 (Address) Maryland Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL June 25 1926

20 UNDERTAKER Chas B Kuchauskas

ADDRESS 631 S Broadway

11814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11814

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 25-W St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donald Jackson

(Residence in Baltimore: No. #7 Melrose Ave. Catonsville St., Yrs. Md mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Cald

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Apr 14 (Month) (Day) 1922 (Year)

7-AGE: 4 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS:

10-NAME OF FATHER: Ernest Jackson

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Minnie Holland

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Jackson

(Address) Catonsville, Md

15- JUN 24 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, Inquest (autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Entire Abdominal

Hemorrh age

Ruptd Liver

(Duration) yrs. 3 hours

CONTRIBUTORY (Secondary) Auto Accident

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner)

June 24 1926 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Bushey Park Cem. DATE OF BURIAL. June 26 1926

20-UNDERTAKER. Easton Sons ADDRESS Ellicott City

Spec.—12-13-25-A Co.—200 Bks.

1906 E. 11815 — E. 11815 ✓ — E. 11815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John N. Moore

(a) RESIDENCE NO. 1575 Barrier St Charleston, W. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married -

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of — Mrs

6 DATE OF BIRTH (month, day, and year) — 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal operator

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) W. Va -

PARENTS

10 NAME OF FATHER Hubbs Moore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va -

12 MAIDEN NAME OF MOTHER Sarah Collon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va -

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D.

Per RRB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5th, 1926, to June 24th, 1926, that I last saw h.. alive on June 24th, 1926, and that death occurred, on the date stated above, at 3 45 a.m.

The CAUSE OF DEATH* was as follows:

Probably Carcinoma of some abdominal organ (Pancreas?)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Second) Myocardial failure.

Disarked nervous exhaustion

(duration) yrs. 2 mos 5 ds.

18 Where was disease contracted 2 mos 0..

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms -

(Signed) E. F. Wald, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston W Va — Date of Burial 6/24/26

20 UNDERTAKER Joseph ahrens — ADDRESS 221 Bway

Spec.—42-9 Ps.—A Co.—200 Rls.

1926 E.11816 HEALTH DEPARTMENT—CITY OF BALTIMORE E.11816

91811 3 CERTIFICATE OF DEATH. X 84 91811 3

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

2-FULL NAME Rosalie Bailey

(a) RESIDENCE NO. Bens Run W. Va. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry —

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
36.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. Va. 37

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) W. Va.

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER — Hoopes

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) W. Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed _____ C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 June 24th

17 I HEREBY CERTIFY, That I attended deceased from June 16th, 1926, to June 24th, 1926, that I last saw h[illegible] alive on June 24th, 1926, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Brain Tumor Benign Cyst of Pituitary Gland.

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) —

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted —

If not at place of death? _____

Did an operation precede death? yes Date of 6-19-26

Was there an autopsy? yes.

What test confirmed diagnosis? Operation.

(Signed) J. B. Hart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Mary's W Va	6/24/26 19
20 UNDERTAKER Joseph Ahrens	ADDRESS 22 Ruxy

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11817

CERTIFICATE OF DEATH.

101-001 V

E 11817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Green ST. 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geryamie addison

(a) RESIDENCE. No. 521 S. Green ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0/6 yrs. mos. ds. How long in U. S., if of foreign birth? 2/6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of): Wm. Addison

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 46 yrs | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Drew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm addison
(Address): 521 S Green St

15 Filed ..., 19...
4 1926
Registrar
Per MRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1926

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to June 22, 1926

that I last saw h... alive on June 21, 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia c. Colon

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine Culture Typ...

(Signed) ... M. D.

June 23 1926 (Address) 712 S. Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem'y

DATE OF BURIAL: b. 25 1926

20 UNDERTAKER: Mrs Geo H Hooper

ADDRESS 406 W Conway

2C

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11818

CERTIFICATE OF DEATH.

88 E 11818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O'Brien

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) (?) 6/27/1893

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
Debt	32	11	27 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas O'Brien

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER (?) Rutherford

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope Md -

15 Filed , 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6th, 1926, to June 24, 1926, that I last saw her alive on June 24, 1926, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis -

abt (duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Dyspn Psychosis -

abt (duration) yrs. 1 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 6/26/26

20 UNDERTAKER George J. Ruth Bro. — ADDRESS 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

E 11819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11819

CERTIFICATE OF DEATH.

31

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1310 - Kupus St. 19-2 Ward)

2-FULL NAME Elizabeth Andor

(a) RESIDENCE NO. 1310 - Kupus St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Mrs Andor.

6 DATE OF BIRTH (month, day, and year) 2/4/1887

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	39	4	19	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hungary

(State or country)

PARENTS

10 NAME OF FATHER Adam Gendan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungary

14 Informant Fred Andor

(Address) 1310 - Kupus St

15 Filed _____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23/26. 19

17 I HEREBY CERTIFY, That I attended deceased from June 10, 19 26 to June 23, 19 26

that I last saw h~~er~~ alive on June 23, 19 26,

and that death occurred, on the date stated above, at 930 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Doscell, M. D.

, 19 (Address) 1211 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cem	6/26 1926
20 UNDERTAKER	**ADDRESS**
George J. Pulls Jr	1735 Harford

Spec.—1-10-21—M&T—1500 Blks.

E 11820 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11820

160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2925 Elliott Drive St. 16-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dorsey

(a) RESIDENCE NO. 2925 Elliott Drive St., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 23, 1926

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 54 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Francis P. Dorsey
11 BIRTHPLACE OF FATHER (city or town) (State or country): Keyser W. Va
12 MAIDEN NAME OF MOTHER: Mary A. Casey
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Francis P. Dorsey
(Address): 2925 Elliott Drive

15 Filed: 4 1926 C. HAMPSON JONES, M. D. Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1926, to June 23, 1926,
that I last saw him alive on June 23, 1926
and that death occurred, on the date stated above, at 1.04 P. m.
The CAUSE OF DEATH* was as follows:

Transition
(Artificial Respiration employed for 54 minutes)
(duration) yrs. mos 54 Min ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Mac Neill M. D.
6/23 1926 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvick Th Harsay
DATE OF BURIAL: 6/24 1926

20 UNDERTAKER: Holy Rood Cem Harford Rd Ellicott Drive
ADDRESS 2926

ec.—1-12-23—M&T—500 Bks.

(Czajkowski)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11821

E 11821

CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mrs. Julia Czajkowski

(a) RESIDENCE NO. 2706 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1879 - May 22

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Frank Majewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ludwika Lajko

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Bernard Czajkowski

(Address) 2706 Dillon St.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22nd 26

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1926, to June 22nd, 1926,

that I last saw her alive on June 21st, 1926,

and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

& Biliary Obstruction?

(duration) 1 wk mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) 10 yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of June 21st, 1926.

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Bruno Rhode, M. D.

6/22, 1926 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: June 26 1926

20 UNDERTAKER: Stephen J. Gialkowski ADDRESS: 1700 Fleming St.

Spec.—12-9-25—A Co.—200 Bks.

E 11822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 11822

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 813 S Glover St. 1-3 Ward)

2-FULL NAME Peter Ciemny

(a) RESIDENCE NO. 813 S Glover St. 1 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 30-1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Michal Ciemny

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Ursula Szafran

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Ursula Ciemny

(Address) 813 S Glover St.

15 Filed ..... 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to June 23, 1926, that I last saw him alive on June 23, 1926, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) acute Congestion of Lungs

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? at Residence

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. L. Burke, M. D.

6/23, 1926 (Address) 304 E Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus Cem June 25 1926

20 UNDERTAKER — ADDRESS

Stephen Fialkowski Kenwood Cem

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11823

E 11823

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Holbrook ST. 10-W WARD)

2-FULL NAME John Tine

(a) RESIDENCE NO. 1216 Holbrook ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elizabeth Tine

6 DATE OF BIRTH (month, day, and year): Aug 4th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Elizabeth Tine
(Address): 1216 Holbrook St

15 6 4 1926 C. HAMPSON JONES, M. D.
Per ALH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/23 19 26

17 I HEREBY CERTIFY, That I attended deceased from 6/22, 19 26, to 6/23, 19 26, that I last saw h[illegible]live on 6/23, 19 26 and that death occurred, on the date stated above, at 8-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Fibroid Tuberculosis.

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G H Meyer Jr, M. D.

6/24 19 26 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: 1st German Cem — DATE OF BURIAL: June 26 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2923 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11824

CERTIFICATE OF DEATH.

44 E 11824

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 261 Washington St. 7-1 Ward)

2-FULL NAME Margueth M Wernsburg

(a) RESIDENCE NO. 268 Washington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christopher Wernsburg

6 DATE OF BIRTH (month, day, and year): August 13 1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
80	82	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER: John Lehn

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Margueth Siegler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant (Address): Margueth Wernsburg 261 Washington St

15 Filed _____ C. HAMPSON JONES Registrar

4 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17: June 22 1926

I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to June 22, 1926, that I last saw h... alive on June 21, 1926, and that death occurred, on the date stated above, at 11:10 A.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) ...yrs. 15 mos. ...ds.

CONTRIBUTORY (Secondary) Gastric Carcinoma

(duration) ...yrs. 10 mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Surgical Symptoms

(Signed) Geo. Hellen, M. D.

6-24 1926 (Address) 1927 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial June 25 1926

20 UNDERTAKER: Wendell Hopper — ADDRESS 37 Hunt

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11825

91-002

E 11825

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1211 West Franklin St. 18-1 Ward)

2-FULL NAME Margaret Susanna Cathcart

(a) RESIDENCE NO. 1211 West Franklin St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Nelson Cathcart

6 DATE OF BIRTH (month, day, and year)
February 24, 1838

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	88	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Edward R. Diven

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Ann Rebecca Morrison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs. Annie R. Wiley

(Address) 1211 West Franklin Street

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 24, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to June 24, 1926, that I last saw h[illegible] alive on June 22, 1926, and that death occurred, on the date stated above, at 11.40 A M

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical ex

(Signed) F. McEntyre, M. D.

June 24 1926 (Address) 826 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial June 26, 26

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N. Gates St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11826

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 Church Ave, Whittemore Park) ST. 25 WARD 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Trotter Todd

(a) RESIDENCE. No. 139 Church Ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Todd.

6 DATE OF BIRTH (month, day, and year) Nov-12-1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co

(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Todd.

11 BIRTHPLACE OF FATHER (city or town) Balto Co

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Trotter

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co

(State or country) Md

14 Informant Mrs W. G. Sudsfind

(Address) 139 Church Ave.

15 Filed 4 1926

C. HAMPSON JONES, M. D. Registrar

Per OKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 6th, 1926, to June 13th, 1926, that I last saw him alive on June 7th, 1926, and that death occurred, on the date stated above, at 6 P.M. m.

The CAUSE OF DEATH* was as follows: (died June 8/26)

Intermittent Fever (9 days + 7 mos)

Pulmonary Hypostatic Congestion

(duration) 3 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) W. H. Hill, M. D.

19 (Address) 3711 Liberty Heights Ave

*State the Disease Causing Death, Or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Todd's Farm, Stoverd Point, Balto. Co. Md.	June 9 1926
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	1324 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11827

E 11827

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Christ Institution Hospital

CITY OF BALTIMORE: (No. 704 Euson St ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Lewis

(a) RESIDENCE NO. 3620 Connecticut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 28 1881

7 AGE 44 Years 45 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John W. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Bobliz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Lewis

(Address) 3620 Connecticut Ave.

15 Filed June 25 1926 C. HAMPSON JONES, Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5 - 1926, to June 24, 1926, that I last saw him alive on June 24, 1926, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Asthma & Nephritis

(duration) yrs. 4 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr. W. Kennard, M. D.

June 24 1926 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden | DATE OF BURIAL June 26 26

20 UNDERTAKER Chenoweth & Son | ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160 E 11828

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3465 Hickory Ave St. 13-4 WARD)

2-FULL NAME William C. Mason.

(a) RESIDENCE No. 3465 Hickory Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Lottie C. Sherrer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant William H. Mason (Address) 3465 Hickory Ave.

15 Filed JUN 25 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1926, to June 24, 1926, that I last saw h[illegible] alive on June 24, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Inanition

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical Examination

(Signed) A. J. Davis M. D.

6-24, 1926 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	June 25, 1926
20 UNDERTAKER	ADDRESS
Chenoweth & Son	Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks. Michael A. Henry

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 11829

CERTIFICATE OF DEATH. 26-1

31 E 11829

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Or) ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael A. Henry

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address)

15 Filed 2-3 1926 HAMPSON JONES, M. D. Registrar

per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 23, 1926, that I last saw him alive on June 23, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. McC Lane Jr. M. D.

6-23, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 6/25/1926

20 UNDERTAKER Jno J. Moran

ADDRESS 3000 E. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

11830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 11830

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 Druid Hill Ave Ward) 11-2

2-FULL NAME Emily Jane Smith

(a) RESIDENCE NO. 1625 Druid Hill Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 ~~Single, Married~~, Widowed, or ~~Divorced~~. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Andrew Smith

6 DATE OF BIRTH (month, day, and year): [illegible] 1854

7 AGE: Years 72; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Campbell

11 BIRTHPLACE OF FATHER (city or town):

(State or country) —

12 MAIDEN NAME OF MOTHER Sarah Keys

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) St Marys Co Md

14 Informant Annie R. Stent

(Address) 1025 Druid Hill Ave

Filed JUN 25 1926 19 A. [illegible] Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 23 - 1926

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1926, to June 23, 1926, that I last saw h.er alive on June 23, 1926, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

14 hours.

(duration) yrs. mos. ds.

CONTRIBUTORY Arterio-Sclerosis

(Secondary)

(duration) unknown yrs. mos. ds.

18 Where was disease contracted:

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edward Ballard, M. D.

, 19 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial June 26 1926

20 UNDERTAKER: John H. Toadvine — ADDRESS 1011 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11831

CERTIFICATE OF DEATH.

90 E 11831

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 304 Forest 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah L. Swann

(a) RESIDENCE NO. 304 Forest St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Swann

6 DATE OF BIRTH (month, day, and year): May 25 1878

7 AGE: Years 47 48 | Months 6 | Days 26 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Huffsis

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Butler

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: George Swann

(Address): 304 Forest St.

Filed JUN 25 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1926.

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to June 21, 1926, that I last saw h__ alive on June 21, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) Robert L. Green, M. D.

June 24, 1926 (Address) 126 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral | Date of Burial: June 25 1926

20 UNDERTAKER: Mrs. R. A. Elliott | ADDRESS: 1225 Mahland Av

Cor.—1-12-23—M&T—100 Bks.

E 11832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 11832

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3584 Elm Ave St. 134 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Barnes

(a) RESIDENCE No 3504 Elm Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 26-1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER Lawrence E. Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass

Informant Mr. Rob E. Barnes, Sr.

(Address) 3504 Elm Ave

Filed JUN 25 1926 HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Cardiac Dilatation Acute

Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison, M. D. (Coroner.)

6/24, 1926 (Address) 3632 Boundary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	June 25 1926

20 UNDERTAKER A. S. Marshall ADDRESS 3537 Fall Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11833

CERTIFICATE OF DEATH.

91-001

REGISTERED NO. E 11833

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 25th WARD)

2-FULL NAME George Shea

(a) RESIDENCE NO. Mt Hope Retreat ST., 25th WARD

(Usual place of abode)

Length of residence in city or town where death occurred many years yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs Shea

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	65	0	0	

8 OCCUPATION OF DECEASED at Mt Hope Retreat

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Watching — 062

(c) Name of employer Mt Hope Retreat

9 BIRTHPLACE (city or town) Baltimore — (State or country) Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) (?)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) (?)

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed ....., 19.....

C. HAMPSON JONES, M.D. Registrar

25 1926 Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ 22nd on for several years, to June 24, 1926.

that I last saw him alive on June 23rd, 1926

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Aneurism of the Aorta

Died suddenly

(Agony)

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.

June 24th, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 6/25 1926

UNDERTAKER Chas P. Evans & Son — ADDRESS 1180 Mont Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11834

CERTIFICATE OF DEATH.

129 ✓

E 11834

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen Hosp St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Barlow

(a) RESIDENCE NO. 1634 W. Balto St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1 1880

7 AGE: Years 46 Months 0 Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Clinton Barlow

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Eliz. Akers

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mrs Fanny Debnick

(Address) 2356 Eutaw Pl

Filed June 25 1926 19 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac. Anemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous nephritis (duration) 2 yrs. mos. ds.

(Signed) J. T. Kennedy M. D.

(Coroner)

June 24 19 26 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery Date of Burial June 26 1926

20 UNDERTAKER: William Lahr ADDRESS 502 E Mulberry

Spec.—1925—A Co.—200 Bks.

1925 E 11835

Nelson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 31 E 11835

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL Ward) 7-1

2-FULL NAME John F. Nelson.

(a) RESIDENCE NO. Reisterstown Ind. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 50 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ind.

PARENTS

10 NAME OF FATHER Samuel Nelson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ind.

12 MAIDEN NAME OF MOTHER Amelia Dibb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ind.

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

Filed June 25 1925 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16th, 1926, to June 22nd, 1926

that I last saw h~~e~~ alive on June 22nd, 1926

and that death occurred, on the date stated above, at 5.35 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pleurisy with effusion

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Reisterstown, Md.

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? Thoracentesis

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge, Md. Date of Burial: June 25 1926

20 UNDERTAKER: Frederick H. Frosby ADDRESS 57 N. Eddie

Cor.—12-9-25—A Co.—200 Bks.

E 11836

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 11836

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. 2803 Ward)

2-FULL NAME Isaac Iler

(a) RESIDENCE NO Windsor Mill & Dickeyville Rd. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Iler

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cockeysville Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Alice Iler

(Address) Windsor Mill Rd.

15 Filed JUN 25 1924 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull (accidental)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fell down stairs in own home.

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner)

6/23 1924 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. Date of Burial June 25 1924

20 UNDERTAKER Samuel F. Brushwood ADDRESS 2[illegible] Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11837

CERTIFICATE OF DEATH.

197 ✓ E 11837

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE; (No. Colonial Hosp 15-13 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest L. Handy

(a) RESIDENCE NO. 1639 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Handy

6 DATE OF BIRTH (month, day and year): Dec. 1884

7 AGE: 41 Years 42 Months 6 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foster

(b) General nature of industry, business, or establishment in which employed (or employer): 10 01

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER: Ernest Handy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Julia Owens

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Edith Handy

(Address) Lexington Ave. N.Y.

JUL 25 1925 HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound in head (Revolver) about 20 min

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Homicide

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Hennessy M. D. (Coroner)

6/23. 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial June 25 192 5

20 UNDERTAKER: Samuel S. Hensley ADDRESS 1137 E. Eddie

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11838

CERTIFICATE OF DEATH.

129 E 11838

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 122 W. Hamburg St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Heath

(a) RESIDENCE NO. 122 W. Hamburg St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Heath.

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 65 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Screw man 086

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Hauling.

(c) Name of employer Benton & Whiteman

9 BIRTHPLACE (city or town)_____

(State or country) Kent Island Md.

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) (?)

14 Informant Queenie V. Brown

(Address) 122 W. Hamburg St

Filed JUN 25 1926 HAMPSON JONES, Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to June 23, 1926, that I last saw him alive on June 23, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) (?) yrs. (?) mos. (?) ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ____ yrs. ____ mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. J. Hamrick, M. D.

6/24 1926 (Address) 136 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Date of Burial June 25 1926

20 UNDERTAKER C. A. Brown & Son ADDRESS 108 N. Monroe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 ✓ E 11839

E 11839

REGISTERED NO._____

1 PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., 136 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin M. Cohen.

(a) RESIDENCE NO. Sagamore Apts. 2445 Lakeview Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of (~~XXXXXXXXXX~~) Clara Cohen.

6 DATE OF BIRTH (month, day, and year) March 13, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Moses Cohen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Minna Preiss.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant David Stiefel (brother in law)

(Address) Marlborough Apts.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the pelvis & left femur.
Accidental fall down an elevator shaft

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

6/24 1926 (Address) 1017 E. Chaelos St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 7 & 9 W. Redwood St. June. 17, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bal. Hebrew Cem. Date of Burial 6/25/1926

20 UNDERTAKER Abrid Sondheim ADDRESS 1750 Mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

EUTAW PLACE & LAKE DRIVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 11840

CERTIFICATE OF DEATH.

E 11840

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emersonian Apts. 1 B. St., 136 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Maass

(a) RESIDENCE NO. Emersonian Apts. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Maass

6 DATE OF BIRTH (month, day, and year) June 23, 1855.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Abram Kemper

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Lina Alexander

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Arthur Maass

(Address) Emersonian Apts.

15 Filed JUN 25 1926. 16 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1924, to June 24th, 1926, that I last saw h.e.r. alive on June 24th, 1926, and that death occurred, on the date stated above, at 10 45 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

at least (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Sheare, M. D.

June 24 1926 (Address) 905 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cemetery — Date of Burial 6/27/ 1926

20 UNDERTAKER Maird Sondheim — ADDRESS 418-20 W. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11841

CERTIFICATE OF DEATH.

129 ✓ E 11841

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3512 Springdale ave St. 15-4 Ward)

2-FULL NAME Rachael Salzman

(a) **RESIDENCE NO.** 3512 Springdale ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip Salzman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

PARENTS

10 NAME OF FATHER Simon Levin

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant Jack Levin 1439 E Balt St

(Address)

15 Filed JUN 25 1926 H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

6-24-26

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1926, to June 24, 1926

that I last saw her alive on June 24, 1926,

and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY Pneumonia

(Secondary)

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted

If not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Urine Examination

(Signed) Wm. Mayer Fahr, M. D.

June 19 26 (Address) 208 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Date of Burial June 25 1926

20 UNDERTAKER Jack Levin ADDRESS 1439 E Balt St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11842 E 11842

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 N Stricker St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Dyson

(a) Residence No. 516 W. Stricker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: C

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): July 4 1885

7-AGE: 40 yrs. 11 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): St Marys Co.

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): C

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): C

11-(Informant): Tony Dyson

(Address) 516 N Stricker St

15-Filed JUN 25 1926 19 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 24 1926

I HEREBY CERTIFY, That I attended deceased from June 21 19 26 to Jn 24 19 26

that I last saw h— alive on June 24 19 26

and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Dysentery

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine - Blood - Fecal

(Signed) W. F. Wright M. D.

June 24 1926 (Address) 1209 Pkersheim

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: June 26 19 26

20-UNDERTAKER: Thos H Kean Co

ADDRESS 1400 Mosher

Spec.—5-19-13—M. & T.—509 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11843

CERTIFICATE OF DEATH.

123 ✓ E 11843

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 W Franklin St.; 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia. Halloran

(Residence in Baltimore: No. 935 W. Franklin St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, Aug 15. (Month) (Day), 1865 (Year)

7-AGE, 60 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Halloran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Kane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Halloran

(Address) 935 W. Franklin

15- Filed JUN 25 1926, 191... C. HAMPSON JONES, M. D. Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24 (Month) (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1. 1926, to June 22 1926, that I saw h-er alive on June 23 1926, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Biliary Calculi
Gall-stone
6.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~Lobar Pneumonia~~ Myocarditis.
(Duration) yrs. mos. ds.

(Signed) A. D. Disease M. D.
191... (Address) 1211 Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, 6-26, 1926

20-UNDERTAKER H. Brauning Son

ADDRESS 517 N Schroder St

Cor.—1-12-23—M&T—100 Bks.

E 11844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 E 11844

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Arbin

(a) RESIDENCE NO #213 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Arbin

6 DATE OF BIRTH (month, day, and year) Sept. 31st. 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Himself 046

9 BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Wm. G. Arbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Marie Arbin
(Address) #213 N. Caroline St.

Filed 25 1923 19 C. HAMPSON JONES, M. D.
Per RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy & inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic congestion of brain
Probably by some blunt instrument
(Duration) Presumed 2 hours

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Kelly, M. D.
(Coroner.)
June 25, 192 6 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	6/25/26
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Blks.

Farber

E 11845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11845

CERTIFICATE OF DEATH.

REGISTERED NO. 31 coroner not

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Hebrew Hospital ST. 6-1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida F Lubell

(a) RESIDENCE NO. 1817 E. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of :

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	54 Yrs.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Scherr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Scherr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant David Lorem

(Address) 452 Gadsen Place

15 Filed ....., 19 .... Registrar

C. HAMPSON JONES, M. D.

Per R.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26 1926

17

I HEREBY CERTIFY, That I attended deceased from 6-24, 1926, to 6-25, 1926,

that I last saw he Ralive on 6-25, 1926,

and that death occurred, on the date stated above, at 5:10 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary T.B.C & Chronic Myocarditis (duration) 2 yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) A. Polly Selinger M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale Cemetery	June 26 1926
20 UNDERTAKER A Lerman Bro	ADDRESS Balto Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11846

CERTIFICATE OF DEATH.

57 E 11846
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1215 McCulloh St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Roye

(a) RESIDENCE NO. 1215 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: James R. Roye

6 DATE OF BIRTH (month, day, and year): May 3rd 1860

7 AGE — Years: 66 Months: 1 Days: 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant Eugenia R. Hardy daughter

(Address) 1215 McCulloh St

15 Filed ..... 19 C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to June 24, 1926, that I last saw her alive on June 23, 1926, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) H S McCard M. D.

6/24/1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: June 26 1926

20 UNDERTAKER: J. Mc. Johnson — ADDRESS 1234 Eutaw St.

125 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11847

CERTIFICATE OF DEATH.

90E 11847

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home ST. 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L Hukes

(a) RESIDENCE. NO. 1400 N. Lexington ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3, 1839

7 AGE — Years: 87 — Months: 5 — Days: 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Mark Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Agnes Angel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Ella [illegible]

(Address): [illegible]

Filed JUN 25 1926 C. HARRY JONES Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 19..., to June 23, 1926, that I last saw h... alive on June 23, 1926, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T Howard, M. D.

June 24, 1926 (Address) 3911 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	June 26 1926
20 UNDERTAKER	ADDRESS
George E Smith	1532 Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11848

CERTIFICATE OF DEATH.

101-001

E 11848

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1337 Woodyear St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Jessup

(a) RESIDENCE NO. 1337 Woodyear St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Jessup

6 DATE OF BIRTH (month, day, and year) about 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Copper Works.

(c) Name of employer Balto. Copper Smelting Co.

9 BIRTHPLACE (city or town) _____

(State or country) Va.

PARENTS

10 NAME OF FATHER James Jessup

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant Mrs. Mabel Jessup

(Address) 1337 Woodyear St.

Filed JUN 25 1926, 19____ C. HAMPSON JONES, Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D. (Coroner)

_____, 19____ (Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mikes Va. Whf. Date of Burial June 24 1926

20 UNDERTAKER Hamm Easton ADDRESS 916 Penna ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11849

CERTIFICATE OF DEATH.

74-001 E 11849

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 833 Ostend St. 7th Ward)

(If death occurred in a bospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lizzie Dreterie

(a) RESIDENCE NO. 833 Ostend St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 46 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City (State or country) Md

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Sarah Holly

(Address) 833 Ostend St

15 Filed JUN 25 1926 HAMPDEN LINES

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24 1926 to June 24 1926

that I last saw her alive on June 24 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Mrs. Selina Lusby

(Address) 11 So Wilcox St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial June 26 1926

20 UNDERTAKER: Daniel Carbon ADDRESS 916 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11850

CERTIFICATE OF DEATH.

90 E 11850

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 N. Montford Ave ST. 8-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Apfel

(a) RESIDENCE NO. 1633 N. Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? 79 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Apfel

6 DATE OF BIRTH (month, day, and year) Mar. 14 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	89	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Apfel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Coon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Apfel

(Address) 1633 N Montford Ave

15 Filed JUN 25 1926 J. C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to June 23, 1926

that I last saw h[illegible] alive on June 23, 1926

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm M. D.

6/24 1926 (Address) 1823 N. Wash. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Cemetery — DATE OF BURIAL June 26 1926

20 UNDERTAKER E. J. Fanning & Son. 1938 — ADDRESS E. Lafayette Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11851

CERTIFICATE OF DEATH.

90 E 11851

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 638 Sterling St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah R Young

(a) RESIDENCE NO. 638 Sterling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown. 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Thomas R Riggold

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Clarence A Young

(Address) 638 Sterling St

15 Filed ..... 19.....

NOV 25 1926 C. HAMPTON JONES

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1926, to June 22, 1926, that I last saw her alive on June 21, 1926, and that death occurred, on the date stated above, at 9 40 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

6-23 1926 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial June 25 1926

20 UNDERTAKER Wm R. G. Elliott ADDRESS 1732 Eastland

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11852 40 E 11852

CERTIFICATE OF DEATH.

E 11852
1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2013 McCulloh St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Nelson

(a) Residence No. 2013 Mc Culloh St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6-DATE OF BIRTH (month, day and year) Nov 29, 1905

7-AGE. 20 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer) Chambre Maid
(c) Name of employer Mrs Samuel Wheedle

9-BIRTHPLACE (city or town)... Virginia
(State or Country),

PARENTS.

10-NAME OF FATHER, Charles Nelson

11-BIRTHPLACE OF FATHER (city or town)... Virginia
(State or Country),

12-MAIDEN NAME OF MOTHER, Mollie Mercer

13-BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country),

11- (Informant) Mollie Mercer
(Address) Lancaster Co. Va. (2013 McCulloh)

15- JUN 25 1926 HAMPSON JONES, Registrar.
Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to June 22, 1926, that I last saw h.. alive on June 23, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Peritonitis (Denied Abortion).
(Date)

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pericyclytes'

(Duration) yrs. mos. 3 Weeks ?

18-Where was disease contracted if not at place of death?

Did an operation precede death? negative answers from Patient & Family Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Mrs. H. Wright M. D.

24, 1926 (Address) 1709 Presstman St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pikesville Jail — DATE OF BURIAL. June 25 1926

20-UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Av

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11853 E 11853

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeth's Home Chemnt & Hill Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Dixon

(a) Residence No. St. Elizabeth's Home Chemnt & Hill Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	negress	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 19/26

7-AGE, ...yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md (State or Country),

PARENTS.

10-NAME OF FATHER, James Boston

11-BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Dixon

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or Country),

14-

(Informant)

(Address)

15-

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 24/26

17- I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to June 23, 1926, that I last saw h.. alive on June 22, 1926, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Bronchitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Tuberculin test

(Signed) Frank J. Ayd, M. D.

June 24, 1926 (Address) 2065 E. Monument St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,

DATE OF BURIAL, ..., 19....

20-UNDERTAKER.

ADDRESS

STATE OF MARYLAND

JUN 25 1926

Spec.—1-10-21—M&T—1500 Blks.

E 11854 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11854

CERTIFICATE OF DEATH.

32

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 6-3 WARD)

2-FULL NAME Charles Rockes (ROCKER)

(a) RESIDENCE NO. 112 N. Port ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): July 4/24

7 AGE — Years: 1 — Months: 2 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Albert Rockes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Fannie Yanda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Albert Rockes
(Address): 112 N Port St

15 Filed 2 5 1926 C. HAMPSON JONES, M. D. Registrar
Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1926, to June 24, 1926, that I last saw h[illegible] alive on June 24, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs, Lab findings + P.M. findings

(Signed) Ruby Jaffe M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jun 26 1926

20 UNDERTAKER: Funk & Crockson — ADDRESS: 1406 Druid Road

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11855

74-09

E 11855

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 208 ½ East ave St. 14 Ward)

2-FULL NAME John J Keating

(a) RESIDENCE NO. 208 ½ East ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Keating

6 DATE OF BIRTH (month, day, and year): May 1864

7 AGE: Years 62 | Months 1 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: James Keating

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mary E. Keating

(Address): 208½ East ave

Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 4, 19..., to June 24, 1926, that I last saw him alive on June 23, 1926, and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ...yrs. ...mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno T Young, M. D.

June 25 1926 (Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

Date of Burial: June 26 1926

20 UNDERTAKER: J A Moran

ADDRESS 30 E Baltimore

Spec.—1-10-21 M&T 1500 Bks.

(Haley)

HEALTH DEPARTMENT—CITY OF BALTIMORE

11856 E 11856

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) (16-7) (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Haley

(a) RESIDENCE NO. None ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1923, to June 24, 1926,
that I last saw him alive on June 24, 1926,
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) W. O. McLane M. D.

6-24, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL 6/25 1926

20 UNDERTAKER J. A. Moran — ADDRESS 3000 E. Baltimore

Spec.—1-10-21 M&T 1500 Bks.

E 11857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11857

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (NO. [redacted] ST. 26-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Shields

(a) RESIDENCE NO. Baltimore City Hospitals ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Baltimore City Hospital Records (Address)

15 Filed JUN 5 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to June 24, 1926, that I last saw him alive on June 23, 1926, and that death occurred, on the date stated above, at 2-15 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Haemorhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General cerebral

(Signed) R. Hooper Smith M. D.

June 27 1926 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL 6/26 1926

20 UNDERTAKER J. J. Moran

ADDRESS 3000 E Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11858 — 91-0 E 11858

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 E Randall St. 24-2 Ward)

2-FULL NAME James Harry Hyland

(a) RESIDENCE. No. 505 E Randall St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hyland

6 DATE OF BIRTH (month, day, and year) Feb 23 1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Building

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Hyland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Parson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Adele R. Dulin

(Address) 505 E Randall St

Filed 5 1926, 19

C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to June 24, 1926

that I last saw h... alive on June 24, 1926

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis with hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Sidney L. Streett, M. D.

1925 (Address) 745 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethel Cem	6/28 1926
20 UNDERTAKER	ADDRESS
J. F. Tokley & Sons	819 Eutaw St

E 11859

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 11859

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 119 W. Franklin ST. 4-2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Bridget McKeon

(Residence in Baltimore: No. 119 W Franklin St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	single

6-DATE OF BIRTH 9 (Month) 10 (Day) 1857 (Year)

7-AGE 72 yrs. — mos. 13 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Seamstress 69
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER William McKeon

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Ellen Mannion

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs L Carr

(Address) 31 E Lenox

15- 1926 C. HAMPSON JONES, M. D. REGISTRAR

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 23 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to June 23 1926, that I saw her alive on June 23, 1926, and that death occurred, on the date stated above, at 12-8 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) several yrs. mos. ds

Contributory (SECONDARY) Heart failure

(Duration) yrs. mos. 2 ds.

(Signed) H B Wolf M. D.

June 26, 1926 (Address) 113 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL 6/28/1926

20-UNDERTAKER [illegible]

ADDRESS 31 E Eager St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11860

CERTIFICATE OF DEATH.

139 E 11860

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 Wilson ave (St.) 27-3 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otilia E. Sedlmeyer

(a) RESIDENCE. NO. 506 Wilson ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Sedlmeyer

6 DATE OF BIRTH (month, day, and year): Oct 13-1872

7 AGE — Years: 53 — Months: 8 — Days: 11 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Leonard Fleckenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Edwin J. Schmucker (Address) 506 Wilson ave

15 Filed 6-25-1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24-1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to June 24, 1926, that I last saw her alive on June 24, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilation of heart.

(Probably Embolism)

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Embolism following operation for Fibroid utorus (duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4 wks ago

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Ashurst, M. D.

6-26-1926 (Address) 4012 Pond Hughesville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenstown Penna.

DATE OF BURIAL: 6/26-1926

20 UNDERTAKER: Chas P. Evans & Son

ADDRESS: 118 W. McMaynel Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11861

CERTIFICATE OF DEATH.

90 E 11861

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 912 E. Preston St St., 9-7 Ward)

2-FULL NAME E. Elmore Skirven

(a) RESIDENCE NO. 912 E. Preston St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Skirven

6 DATE OF BIRTH (month, day, and year) June 23/1866

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Gas & Electric Co

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Kent Co Md

PARENTS

10 NAME OF FATHER James A.Skirven

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Ella Young

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto.City Md

14 Informant Wm. L. Skirven

(Address) 10 Alsie Ave (Hamilton)

15 Filed C. HAMPSON JONES, M. D.

6 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) History Hypertension for some time (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cullen M. D.

(Coroner)

6/25/26 (Address) 508E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Md. Date of Burial June 26 1926.

20 UNDERTAKER Richard F. Curley ADDRESS 1621 N. Wash. St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11862

CERTIFICATE OF DEATH.

129 E 11862

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Potomac ST. 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude A. Bon Seigneur

(a) RESIDENCE. NO. 531 N Potomac ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pierre Bon Seigneur

6 DATE OF BIRTH (month, day, and year) Sept 1st 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Robert W. Lowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Miller Bon Seigneur (Address) 531 N Potomac St

15 Filed 5 1926 19 C. HAMPSON JONES, Registrar. D.

Per DKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to June 24, 1926, that I last saw her alive on June 24, 1926, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Ruckmen, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 26 1926

20 UNDERTAKER	ADDRESS
John C. Miller	2435 E Oliver St

E 11863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11863

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. 2229 W. Lexington St. W-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Lotz

(Residence in Baltimore: No. 2229 W. Lexington (St.; yrs. 59 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, July 20 (Month) (Day) 1866 (Year)

7-AGE, 59 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work R.R.
(b) General nature of industry, business, or establishment in which employed (or employer). Conductor

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, L. Lotz

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Barbara Hartman

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Lotz

(Address) 2229 W. Lexington St

15- Dec 6 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY that I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisition (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas

(Duration) (yrs. mos. ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

June 25 1926 (Address) Curtis Bay.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, 6/26 1926

20-UNDERTAKER, L. Fenn McCully ADDRESS 130 E Fort

Spec.—12-9-25—A Co.—200 Bks.

192790
192 11864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dec
161-001 E 11864

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 71 Ward)

2-FULL NAME Boy Thomas

(a) RESIDENCE NO. Baltimore P. O. St. Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10 26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) gen

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER James Thomas

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Penny

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

6 1926 T. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1926

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to June 22, 1926

that I last saw h. in alive on June 22, 1926

and that death occurred, on the date stated above, at 8 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Evan Jacobs, M. D.

6 24 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Crem Date of Burial June 26 1926

20 UNDERTAKER Wm. H. Chase & Son ADDRESS 1400 Madison

Spec.—1-10-21—M&T—1500 Bks.

E 11865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 11865

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Rutland Ave ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Taylor

(a) RESIDENCE NO. 901 Rutland Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	approx 58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Mary's Co. Md.
(State or country)

PARENTS.

10 NAME OF FATHER Henry Hebb Mixed

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Beckie Hopewell

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Annie West (daughter)
(Address) 901 Rutland Ave

15 6 1926, 19 Reg. AKH Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 25, 1926, that I last saw h alive on June 24 1926 and that death occurred, on the date stated above, at 4 65 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Acute Uremia)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R J Gehring, M. D.

6/25 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Graon Wolf St Marys Co

DATE OF BURIAL June 26 1926

20 UNDERTAKER John H Owens

ADDRESS 5-38 Dolphin St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11866 — 36-0 — E 11866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Saratoga & Greene ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gillian Russell

(a) RESIDENCE NO. 104 W. Henrietta St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Sing'e

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — —

6 DATE OF BIRTH (month, day, and year) Dec 27 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer — —

9 BIRTHPLACE (city or town) (State or country) Jamestown, Md

10 NAME OF FATHER Ray Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Addie Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Addie Curtiss

(Address) 225 N Pine St

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22nd, 1924, to June 24, 1926, that I last saw h alive on June 24, 1926, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

T.B. Right Kidney

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Staph to Cocci

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-12-26.

Was there an autopsy? Yes Yes Autopsy

What test confirmed diagnosis? Surgical Autopsy

(Signed) Amb Byrne, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL June 28

20 UNDERTAKER Lottie Gross — ADDRESS Hos meadow

REG. HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

E 11867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11867

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Mc Elderry St. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Giles

(a) RESIDENCE NO. 532 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Giles

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Hezekiah Hilliard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Nellie Watts

(Address) 532 N. Caroline St

15 Filed 6-1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/14, 1926, to 6/21, 1926, that I last saw h[illegible] alive on 6/21, 1926, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. J. Hornstein, M. D.

6/26, 1926 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 6/27 1926

20 UNDERTAKER Byron Wright

ADDRESS 1218 N. Elderry St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11868

CERTIFICATE OF DEATH.

117 E 11868

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 E. Madison ST., 7-1 WARD)

2-FULL NAME Catherine Lee Hall

(a) RESIDENCE NO. 1609 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	3	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Bernard Lee

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Susie Beacon

13 BIRTHPLACE OF MOTHER (city or town) Lynchburg Va.
(State or country)

14 Informant Mother
(Address) 1609 E. Madison

15 Filed 2 8 1926, 19 HAMPSON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to June 23, 1926, that I last saw he alive on June 23, 1926, and that death occurred, on the date stated above, at 11:15 m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) W. A. Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Adberry County — DATE OF BURIAL: 6/26/26 1926

20 UNDERTAKER Byron Wright — ADDRESS 128 McElderry Ave

Spec.—1-10-21—M&T—1500 Blks.

E 11869

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11869

CERTIFICATE OF DEATH.

REGISTERED NO. 1290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W 29th ST. D-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary A. Dodd

(a) RESIDENCE No. 209 W. 29th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Alexander Kennedy

11 BIRTHPLACE OF FATHER (city or town) Glascow (State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Craig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant George W Watson

(Address) 209 W 29th St

C. HAMPSON JONES, M. D.

15 1926 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from apl 26, 1926, to June 23, 1926,

that I last saw h alive on June 23, 1926,

and that death occurred, on the date stated above, at 12 P— m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Eugene Douglas, M. D.

, 19 (Address) 309 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 26 1926
20 UNDERTAKER	ADDRESS 153 S
George J. Smith	Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 11870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88E 11870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Linwood ave. WARD) 1-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred. Mirra.

(a) RESIDENCE NO. 711 S Linwood ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Gennie Citrano

6 DATE OF BIRTH (month, day, and year) Oct 22-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	31	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio Mirra

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Salvatrice Palangelo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Gennie Mirra

(Address) 711 Linwood ave

15 Filed 6-26 1926 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-12 1926 to 6-24 1926

that I last saw him alive on 6-24 1926

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Arthritis acute & Endocarditis acute —

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Drucker M. D.

6-25 1926 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetary

DATE OF BURIAL 6/28 1926

20 UNDERTAKER Geo. J. Raltz

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 11871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11871

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Starbuck

(a) RESIDENCE NO. 1411 West 36 St. City. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years 56 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer N. H

9 BIRTHPLACE (city or town) (State or country) N. H

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " "

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Emma Starbuck

(Address) 1411 West 36 St- City

15 6 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-3- 1926 to 6-25 1926

that I last saw h-er alive on 6-25- 1926

and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Cervix

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bilateral Lobar pneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Francis T. Ellis, M. D.

, 19 (Address) 616 Dumbarton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL June 28 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E. Monument

Spec.—1-10-21 M&T 1500 Bks.

E 11872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11872

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] 5-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Jackson

(a) RESIDENCE NO. 429 East St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
[redacted]	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Jackson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mamie —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant City Hospital Records
(Address)

15 Filed JUN 26 1926 19 C. HAMPSON JONES, M. D. Registrar

Rec'd [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from February 25, 1926, to June 23, 1926, that I last saw him alive on June 22, 1926, and that death occurred, on the date stated above, at 5.25 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis, Chronic Myocarditis Hypertension,

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith, M. D.

June 23 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11873

CERTIFICATE OF DEATH.

✓E 11873

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 W.Barre St. St. 22-2 Ward)

2-FULL NAME Pauline H.Price.

(a) RESIDENCE NO. 816 St.Peter St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, HUSBAND of XXXXXXXX Trueman Price.

6 DATE OF BIRTH (month, day, and year) December 29 1901.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	24	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Alonza H.Abbott.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Cambridge, Md.

12 MAIDEN NAME OF MOTHER Ada M.Goslin.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Talbott Co.Md.

14 Informant Alonza Abbott.(father)

(Address) Cambridge, Md.

15 FEB 26 1926 19 C. HAMPSON JONES, M. D.

Per _____ Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia by manuel strangulation

Chocked to death by her husband

Homicide (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Lehmandt M. D.

(Coroner)

6/26 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md Via Erra Date of Burial June 26th 26

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 11874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11874

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Annapolis Ave. ST. Brooklyn 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Hines Sr.

(a) RESIDENCE NO. 524 Annapolis Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hines

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1822

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	104	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil Co., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. William H. Hines (Address) 1926 Oak Hill Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926. to June 24. 1926.

that I last saw h alive on June 24, 1926.

and that death occurred, on the date stated above, at 5.15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) A J Dennis, M. D.

625. 1926 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Magothy Cemetery

DATE OF BURIAL June 19

UNDERTAKER Magothy cemetery John A Dennis

ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

11875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 11875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5225 - Harford Rd ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Claussen

(a) RESIDENCE NO. 5225 Harford Rd ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Wm J. Claussen

6 DATE OF BIRTH (month, day, and year): Feb 17 1857

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 031

(b) General nature of industry, business, or establishment in which employed (or employer): House-wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Michael Brok

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Earl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Heinegger
(Address) 1128 Hanover St

15 Filed 6 1926, 19 ..... Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to June 24, 1926,
that I last saw h alive on June 23, 1926,
and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Ex hemorrhage + T oxaemia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Cancer of Rectum

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7 Hospital

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claus Summ ..... M. D.

(Address) 706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 26 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11876

CERTIFICATE OF DEATH.

90 E 11876

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 E Gettings St. 24-1 Ward)

2-FULL NAME Thomas Mercer

(a) RESIDENCE NO. 119 E Gettings St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Sarah E Mercer

6 DATE OF BIRTH (month, day, and year) Dont Know 1856

7 AGE: 70 (Years / Months / Days / IF LESS than 1 day.....hrs. or.....min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laberer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER George Mercer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Florence Hiss

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Sarah E Mercer

(Address) 119 E Gettingst

15 Filed _____, 19__ _____ Registrar

RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Jun 25/26, 19__, to Jun 24/26, 19__, that I last saw ~~him~~ her alive on Jun 24/26, 19__, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) ___ yrs. 5 mos. ___ ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) 1 yrs. ___ mos. ___ ds.

18 Where was disease contracted —

If not at place of death? ___

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ___

(Signed) Stuart Holt, M. D.

Jun 25/26 (Address) 1703 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — Date of Burial: June 26 1926

20 UNDERTAKER: Robt J Turner — ADDRESS: 1[illegible] Broadway

Spec.—12 4/25—A Co.—200 Bks.

19302 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 VE 11877

E 11877

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Gay

(a) RESIDENCE NO. 521 Wolcott St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Divorced.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1893

7 AGE: Years 33 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ind.

PARENTS

10 NAME OF FATHER John Gay

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ind.

12 MAIDEN NAME OF MOTHER Hannie Ross

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 27 1926 H. HANSON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18th 1926, to June 25th 1926, that I last saw h[illegible] alive on June 25th 1926, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the meninges

(duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Tuberculous adenitis

(duration) 3 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Lumbar puncture.

(Signed) E. Carles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leland Creek, Calvert Co. Md.

Date of Burial 6/28 1926

20 UNDERTAKER John A. Tordiman

ADDRESS 102 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

E 11878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90 E 11878

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Lee

(a) RESIDENCE NO. 1015 Warner ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ?. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

PARENTS

10 NAME OF FATHER William Lee

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Martha Smith

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant City Hospital Records (Address)

15 JUN 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to June 24, 1926.

that I last saw him alive on June 24, 1926,

and that death occurred, on the date stated above, at 6 05 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) E. Hopkinson Smith M. D.

June 26 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wyman Cemetery Md.

DATE OF BURIAL 6/27/ 1926

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11879 E 11879

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Balto. Md. ST 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamilton Wiles

(a) RESIDENCE No. 100 N. Bentalou St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Wiles

6 DATE OF BIRTH (month, day and year) June 12, 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 073

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Roer. Wiles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret A. Kerig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Hamilton C. Wiles

(Address) 100 N. Bentalou St.

15 Filed ..... 19 ..... Registrar

JUN 27 1926

C. HAMILTON WILES, DIED JUNE 27, 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to June 27, 1926, that I last saw him alive on June 27, 1926, and that death occurred, on the date stated above, at 4 25 a m.

The CAUSE OF DEATH* was as follows:

Peritonitis -

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 22

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. J. Cowman, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 29 1926

20 UNDERTAKER Easton Sons & Ellerson — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11880

CERTIFICATE OF DEATH.

90

E 11880

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Ellamont St. 15-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. McElfresh

(a) RESIDENCE No. 2203 Ellamont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bessie S. McElfresh

6 DATE OF BIRTH (month, day, and year) Oct 29 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale candy house

(c) Name of employer Geo W. Dockman

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Charles McElfresh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Maryland

12 MAIDEN NAME OF MOTHER Mary L. Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Mrs. Bessie S. McElfresh

(Address) 2203 Ellamont St

15 JUN 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 26, 1926,

that I last saw him alive on June 26, 1926,

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) — yrs. — mos. one ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Hilbert F. Tillman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Stone Chapel

DATE OF BURIAL JUN 28 1926 19

20 UNDERTAKER D. Geo W. Little

ADDRESS 2788 Edmondson Ave.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11881

CERTIFICATE OF DEATH.

129

E 11881

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1922 N Fulton ave St., 45-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Engel

(a) RESIDENCE NO. 1922 N. Fulton ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hyman Engel

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 74 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Raphael Pines

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Dunkan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Benj Engel

(Address): 1922 N Fulton ave

Filed ..... 19..... C. HAMPSON JONES

UN 27 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-25 1926

17 I HEREBY CERTIFY, That I attended deceased from December 1925, to June 25, 1926, that I last saw h[illegible] alive on June 25, 1926, and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

Myocarditis (durntion) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. [illegible] Meyer, M. D.

June, 19 26 (Address) 1430 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Lebanon Cem Date of Burial: 6-27-26

20 UNDERTAKER: Jack Levis ADDRESS: 1439 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

E 11882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 11882

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 5-1 ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Samuel Feigenbaum

(a) RESIDENCE NO. 261 N. Exeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Men Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Dresses

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Feigenbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Pauline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Pauline Feigenbaum

(Address) 261 N. Exeter St.

15 Filed JAN 7 1926, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to June 25, 1926, that I last saw h[illegible] alive on June 25, 1926, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6/25/26

Was there an autopsy? No

What test confirmed diagnosis? Operation & partial removal of tumor

(Signed) Phillip [illegible] M. D.

, 19 (Address) [illegible] Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel DATE OF BURIAL 6/27 1926

20 UNDERTAKER Jack Levi's ADDRESS 1439 Eutaw

E 11883 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1453 Ward St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Chidley

(Residence in Baltimore: No. 1453 Ward St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Cold

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 57 yrs. — mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Stewart

(Address) 1411 Ward St

15- NOV 7 1926 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

June 25 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet — DATE OF BURIAL, June 27 1926

20-UNDERTAKER: C. A. Blomquist Son — ADDRESS 1820 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11884

CERTIFICATE OF DEATH.

161-01 E 11884

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Jefferson ST. 6-2 WARD)

2-FULL NAME Baby Hahn

(a) RESIDENCE NO. 1925 Jefferson ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Schuert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Hahn 1925 Jefferson

Filed 2 7 1926 C. HAMPSON JONES, M. D.
Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased ~~from~~ June 26, 1926, to ..., 19..., that I last saw her alive on June 26, 1926 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Frank J. Ayd, M. D.

June 26/26 19 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 27 1926

20 UNDERTAKER John Luria — ADDRESS 208 Ellen

Spec.—1-25—A Co.—200 Bks.

1931 76

E 11885 HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001 E 11885

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Freeman

(a) RESIDENCE NO. 1198 S. Pulaski St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Freeman

6 DATE OF BIRTH (month, day, and year): March 10. 1875

7 AGE: Years 51 | Months 3 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ill.

PARENTS

10 NAME OF FATHER William Dowdall

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ill.

12 MAIDEN NAME OF MOTHER Melissa Wade

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ill.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

JUN 27 1926 THAMPSON JONES, M.D. Registrar

Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 June 26th

17 I HEREBY CERTIFY, That I attended deceased from June 15th, 1926, to June 26th, 1926

that I last saw her alive on ....., 19....,

and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of June 25

Was there an autopsy? No

What test confirmed diagnosis? microscopic exam

(Signed) Henry C. Peterson, M. D.

, 19 (Address) John Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Keyser, Ill June 27 1926

20 UNDERTAKER: W. M. Cook ADDRESS 502 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11886

CERTIFICATE OF DEATH.

3 E 11886

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Ander ST. 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret - Oliver.

(a) RESIDENCE. NO. 1309 Ander. ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wm. E. Oliver.

6 DATE OF BIRTH (month, day, and year) May 3. 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Jas. White.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Wm. E. Oliver.

(Address) 1309 Ander

15 Filed JUN 27 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1926, to June 25, 1926, that I last saw her alive on June 25, 1926, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) Wm. J. Deaton, M. D.

6.26. 1926 (Address) 636 Ford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	25 1926
20 UNDERTAKER	ADDRESS
Wm Cook	

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11887

E 11887

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4769 Delaware av. St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. August.

(a) RESIDENCE NO. 4769 Delaware av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann August

6 DATE OF BIRTH (month, day, and year) May 22 1842

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Wilmington

(State or country) Delaware

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Arthur J. August

(Address) 4769 Delaware av

15 Filed....., 19..... Registrar

C. HAMPSON JONES, M.D.

AUG 27 1926

Pd. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to June 26, 1926, that I last saw him alive on June 24, 1926, and that death occurred, on the date stated above, at 1.15 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 4 mos. ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

19 (Address) Wyliss av. Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial 9/29 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North ave

E 11888 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11888

1-PLACE OF DEATH

City of BALTIMORE: (No. 3612 Morley ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary Volk

(Residence in Baltimore: No. 3612 Morley ave St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Apr. 28 (Month) (Day) 1857 (Year)

7-AGE. 69 yrs. 1 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Meisler

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Meisler

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Volk

(Address) 3612 Morley ave

15- THOMPSON JONES, M. D.

Filed JUN 27 1926 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

June 26 1926 (Address) Curtis Bay.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. Balto, Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL, June 28 1926

20-UNDERTAKER. Chas. W. Dill. ADDRESS 3109 Fredk. Ave.

Spec.—1-12-23—M&T—500 Bks.

E 11889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 3 E 11889

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore Md ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gilloolly

(a) RESIDENCE NO. 41 Willard ave ST., WARD

(Usual place of abode) Providence, R.I.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 7, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4 8	17 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Water tender

(c) Name of employer S/S Geo. W. Barnes

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER Thomas Gilloolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Filynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Self

(Address)

JUN 27 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1926, to June 24, 1926, that I last saw him alive on June 24, 1926, and that death occurred, on the date stated above, at 1 P. m.,

The CAUSE OF DEATH* was as follows:

Tuberculosis, Pulmonary Chronic

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings and Laboratory Test

(Signed) J. C. Grams, M. D.

19 (Address) U.S. Marine Hospital # 1 Balt. Md

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mathew Cemetery	June 28 1926
20 UNDERTAKER	ADDRESS 117 E Baltimore St
J. Lemmon Bro	

Spec.—1-10-21—M&T—1500 Bks.

E 11890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 11890

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 E Baltimore ST 6-V WARD)

2-FULL NAME Isaac Goldman

(a) RESIDENCE NO. 2100 E Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 35 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Russia
(State or country)

PARENTS

10 NAME OF FATHER Isaac Goldman

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Ruckowsky

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Russia

14 Informant David Goldman
(Address) 931 Fremont Ave

15 Filed JAN 7 1926, 19 ..... HARRY M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 1923, to June, 1926, that I last saw h[illegible] alive on June 25, 1926 and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

cerebro-spinal lues.

(duration) 15 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 4 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? ... Date of ...

Was there an autopsy? ~

What test confirmed diagnosis? ~

(Signed) [signature], M. D.

, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL January 19 26

20 UNDERTAKER S. Levin Bro

ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 11891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 11891

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Stricker ST. 19 WARD)

2-FULL NAME Chas E Schwartz

(a) RESIDENCE NO. 232 S Stricker ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Schwartz

6 DATE OF BIRTH (month, day, and year) Sept 2 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 073

(b) General nature of industry, business, or establishment in which employed (or employer) B & O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Conrad Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary M Schwartz

(Address) 202 S Stricker St

15 Filed NOV 7 1926 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 25, 1926.

that I last saw him alive on June 23, 1926,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edgar E. Powers, M. D.

, 19 (Address) 1700 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL June 28 1926

20 UNDERTAKER John J Fields 1200 W Lombard — ADDRESS

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11892

CERTIFICATE OF DEATH.

154-002

E 11892

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1810 W Pamrose Ave ST. 20-5 WARD)

2-FULL NAME Emilie E Staley

(a) RESIDENCE No. 1810 Pamrose Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 7 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Howard B Staley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Agnes Rhoades

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs E Rhoades (Address) 1810 Pamrose Ave

15 Filed 2 T 1926 19 A RK Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY That I attended deceased from June 25, 1926, to June 26, 1926, that I last saw her alive on June 25, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Dysrhythmia

Patent Foramen Ovale

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benjamin W Cleary, M. D.

(Address) 400 N Rayner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 6/28 1926

20 UNDERTAKER: Thos A Staley Sulton & Sayster

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 11893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 29

E 11893

1-PLACE OF DEATH Fulton - Fayette

CITY OF BALTIMORE: (No. St Martins Church ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas P McDermott

(a) RESIDENCE NO. 1922 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline A McDermott

6 DATE OF BIRTH (month, day, and year): Nov 13 1863

7 AGE: Years 62 | Months 7 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thos P McDermott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Pauline McDermott

(Address): 1922 W Fayette St

15 Filed JUL 7 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to June 26, 1926, that I last saw him alive on June 25, 1926, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) 1 yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

6/26 1926 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 6/28/26

20 UNDERTAKER: Enos A Sterling

ADDRESS: 1020 Fayette

Spec.—12-9-25—A Co.—200 Bks.

Dr Keller 2221 N. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11894

CERTIFICATE OF DEATH.

179 E 11894

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 N. Goyette St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Mueller

(a) RESIDENCE NO. 1020 N. Goyette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Mueller

6 DATE OF BIRTH (month, day, and year): Jan 3, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber 059

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sola Construction Co

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: George Mueller

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Anna Mueller

(Address) 1020 N Goyette St

Filed JUN 27 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 1926

17

I HEREBY CERTIFY, That I attended deceased from May 30 1926 to June 25 1926

that I last saw h.. alive on June 23 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia - from 3rd degree burn, foot to ankle - Burn Sept. Nov 18-1925

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. signs

(Signed) Chas. J. Keller, M. D.

6/26, 1926 (Address) 222 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: June 28 1926

20 UNDERTAKER: J. M. Cook — ADDRESS: 502 E. Madison

(Over)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11895

CERTIFICATE OF DEATH.

11 2E 11895

1-PLACE OF DEATH 30th & Guilford Ave.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woodrow Apts. ST. 12-3 WARD)

2-FULL NAME Mary E. Swallow

(a) RESIDENCE No. Woodrow Apartments ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 26 1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	6 5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nancy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Dr. John E. Swallow

(Address) 508 N. Carrollton Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1926, to June 25th, 1926, that I last saw h alive on June 24th, 1926, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH was as follows:

Acute Gastritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William J Gessick M. D.

, 19 (Address) 1700 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL June 28 1926

20 UNDERTAKER Chas. E. Franck

ADDRESS 802 Madison ave

JUN 27 1926 HAMPSON JONES, M. D. Registrar

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11896

CERTIFICATE OF DEATH.

90

E 11896

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Hospital Ward) 6-27-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clagett. Charles E

(a) RESIDENCE NO. 10 Strathmore Ave Hamilton Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia A Clagett

6 DATE OF BIRTH (month, day, and year) June 22 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	67		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traffic Chief

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Western Union

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Clagett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Don't Know

12 MAIDEN NAME OF MOTHER Caroline Alcock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Georgia A Clagett

(Address) 10 Strathmore Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, ... Registrar

JN 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 26 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 25. 1926, to June 26, 1926, that I last saw h.... alive on 6.30 am, 1926, and that death occurred, on the date stated above, at 6.31 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Aneurism

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N.O. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Clinical findings

(Signed) George B Buel, M. D.

6/26, 1926 (Address) Church Home & Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Loudon Park Cem. June 28 1926

20 UNDERTAKER ADDRESS

Chas. E. Franck 802 Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11897

124 E 11897

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 3710 Forest Park Ave St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mary Yeakle

(a) RESIDENCE NO. 3710 Forest Park Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: James B. Yeakle

6 DATE OF BIRTH (month, day, and year): June 23 - 1843

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	83	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: None

9 BIRTHPLACE (city or town): _____

(State or country) Frederick, Md

PARENTS

10 NAME OF FATHER: Louis Bennett

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Frederick, Md

12 MAIDEN NAME OF MOTHER: Mary Ann Leman

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Frederick, Md

14 Informant: Mrs. D. Gildea

(Address) 3710 Forest Park Ave

15 Filed _____, 19__ H. [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 25, 1926, that I last saw her alive on June 25, 1926, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Gall bladder infection

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Thos. Delaney Thomas, M. D.

6/26, 1926 (Address) 330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial June 28 1926

20 UNDERTAKER: Wm. J. Lechner & Sons ADDRESS: No. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11898

E 11898

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2031 McCulloh ST. (WARD) 14-1

2-FULL NAME Eliza B. Lepuch

(a) RESIDENCE NO. 2031 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. H. Lepuch

6 DATE OF BIRTH (month, day, and year): May 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Caroline Co Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): 2031 McCulloh St. Elizabeth Lepuch

15 Filed 6-27-1936 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1936

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to June 24, 1936, that I last saw h[illegible] alive on June 24, 1936, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver & Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

6/26, 1936 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 6/27, 1936

20 UNDERTAKER: Samuel F. Hensley

ADDRESS 578 N Bedford

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11899

CERTIFICATE OF DEATH.

90 E 11899

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Druid Hill Ave St. 14th WARD)

2-FULL NAME James H. Marshall

(a) RESIDENCE NO. 2015 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Marshall

6 DATE OF BIRTH (month, day, and year) June 10-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James H. Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Harriett Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Edward Marshall (Address) 2015 Druid Hill Ave

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to June 26, 1926, that I last saw him alive on June 25, 1926, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows: Valvular heart lesion

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

1926 1926 Address 2037 N. Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cemetery	6/28/26

20 UNDERTAKER Mrs. Geo. L. Holland ADDRESS 1631 Druid Hill

JUL 7 1926

Spec.—1-10-21—M&T—1500 Bks.

E 11900

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
E 11900

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE, (No. Baltimore Md ST. V-V WARD)

2-FULL NAME Josephine Wojtkowski

(a) RESIDENCE No. 2022 Fleet Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Frank Szydlowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Hospital Records
(Address) Balto City Hospitals

15 Filed JUN 7 1926 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1926

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1926, to June 24, 1926

that I last saw her alive on June 24, 1926

and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Papilloma Urinary Bladder (Not Malignant)

Secondary Anemia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Hr. Cardiac Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Chemical & Laboratory Tests

(Signed) Jos. A. Champe Jr., M. D.

, 19 Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: June 28 1926

20 UNDERTAKER: J. W. Ozazewski

ADDRESS 1930 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11901

CERTIFICATE OF DEATH.

90 E 11901

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 274 S. East ave St. 1-4 Ward)

2-FULL NAME Theodore Wisniewski

(a) RESIDENCE NO. 274 S. East ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 11 - 1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4.5	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Stanley Wisniewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Marcinkowski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs. Marcinkowski

(Address) 274 S. East ave

Filed 7 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 June 26

17 I HEREBY CERTIFY, That I attended deceased from June 22 16, 10 June 26, 19 26.

That I last saw him alive on June 26, 19 26,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Kent Jouley, M. D.

(Address) June 29-26. 2938 E Eastern

*State the disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial June 28 19 26

UNDERTAKER H. Ozafuso ADDRESS 1930 Eastern

Spec.—1-12-23—M&T—500 Bks.

E 11902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-902 E 11902

REGISTERED NO.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Baltimore md ST. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Orson.

(a) RESIDENCE NO. 1118 N Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 26, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER G. Franklin Orson

11 BIRTHPLACE OF FATHER (city or town) Baltimore md (State or country)

12 MAIDEN NAME OF MOTHER Edythe Grunder

13 BIRTHPLACE OF MOTHER (city or town) N. Y. (State or country)

14 Informant St. Joseph's Hospital Record (Address)

15 Filed JUN 27 1926, 19 — Registrar

F. C. HARPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/26/26, 1926, to 6/27/26, 1926, that I last saw him alive on 6/27/26, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Intercranial Hemorrhage.

(duration) yrs. — mos. 1 day ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) H. R. McCaull, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, St. John's Church Cem. Kingsville Md.

DATE OF BURIAL 6/28 1926

20 UNDERTAKER Heermans & Son

ADDRESS 805 N Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11903 E 11903 E 11903

CERTIFICATE OF DEATH

1-PLACE OF DEATH 110 Hermosa Ave. Hamilton, Md. REGISTERED NO.

CITY OF BALTIMORE: (No. ST. or WARD) 47-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Augustus Grace

(a) RESIDENCE. No. 110 Hermosa Ave, ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Eleanor Grace (deceased)

6 DATE OF BIRTH (month, day, and year) April 29, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unoccupied

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland.

PARENTS

10 NAME OF FATHER John Grace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Maryland

12 MAIDEN NAME OF MOTHER Mary Ann Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Maryland

14 Informant M. Annie Grace (Daughter)
(Address) 110 Hermosa Ave. Hamilton

15 Filed , 19 C. HARRISON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1926, to June 26, 1926, that I last saw h[illegible] alive on June 25, 1926, and that death occurred, on the date stated above, at 1,30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the ear

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mary L. Gray, M. D.

June 26 1926 (Address) 27 N Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL June 28

20 UNDERTAKER H. E. Snyder & Son Inc — ADDRESS 4th & T. Balto

Spec.—12-9-25—A Co.—20[illegible]

E 11904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E/11904

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2704 Dillon St., V 3 Ward)

2-FULL NAME Albert Wojciech Markiewicz

(a) RESIDENCE NO. 2704 Dillon St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1866 - Sept 23

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Antoni Markiewicz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Catherine Markiewicz

(Address) 2704 Dillon St.

15 Filed JUN 27 1926 19 G. HAMPSON JONES, M. D. Registrar RL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1926, to June 25, 1926, that I last saw h[illegible] alive on June 25, 1926, and that death occurred, on the date stated above, at 11-15 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxiation caused by Adenoma of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 35 & Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. Date of Burial: Jun. 28 1926

20 UNDERTAKER: Stephen J. Fialkowski ADDRESS: 1500 Fleetwood Ave

Cor.—1-12-23—M&T—100 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11905

CERTIFICATE OF DEATH

E 11905

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. ..... ST., 19-2 WARD)

2-FULL NAME Martha A Frederick

(a) RESIDENCE No. 325 S. Stricker ST., WARD

(Usual place of abode) 41

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj F. Frederick

6 DATE OF BIRTH (month, day, and year) Aug 7th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm A Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Leah Chalk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Chas Frederick
(Address) 325 S Stricker St

15 Filed 28 1926 192 C. HAMPSON JONES, Registrar
or PK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Autopsy (Inquest, Autopsy or inquiry,) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intra-Cranial Hemorrhage — Slight meningitis

(duration) 2 yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Auto accident

(duration) ... yrs. ... mos. ... ds.

(Signed) Thos B. Hutton, M. D.
Coroner

June 28, 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 6/28 1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins

ROBERT BROOKS & SON

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 11906 (1) PLACE OF DEATH

CERTIFICATE OF DEATH

164

E 11906 REGISTERED No. C .....

CITY OF BALTIMORE (No. 2510 York Road St.: 77th WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ann Herring

(Residence in Baltimore: No. 402 Gittings Ave Baltimore Md St.: 81 yrs. 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widow

6 DATE OF BIRTH: Aug 22, 1844 (Month) (Day) (Year)

7 AGE: 81 yrs. 0 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) No occupation

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Elias Chalk

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Ann Jones ~~Chalk~~

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura A Anderson

(Address) 402 Gittings Ave

15. C. HAMPSON JONES, M. D.

Filed JUN 28 1926 191 K K ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 26, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to June 26 1926, that I saw her alive on June 25, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(Duration) 2 yrs. 6 mos. ds

Contributory (SECONDARY) ..... (Duration) yrs. mos. ds.

(Signed) E. M. Duncan M. D.

June 26, 1926 (Address) 5106 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 6 weeks ds. In the State 81 yrs. 10 mos. 4 ds.

Where was disease contracted, if not at place of death? 402 Gittings Ave

Former or usual residence 402 Gittings Ave

19 PLACE OF BURIAL OR REMOVAL: Loudens Park — DATE OF BURIAL: June 28, 1926

20 UNDERTAKER: John Burns Son Towson — ADDRESS

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11907

CERTIFICATE OF DEATH.

E 11907
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. German Aged Home St. 70-5 Ward)

2-FULL NAME Charles Kaonas

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Kaonas

6 DATE OF BIRTH (month, day, and year) July 2. 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Finland

PARENTS

10 NAME OF FATHER Isaac Kaonas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Finland

12 MAIDEN NAME OF MOTHER Louise Rogergar

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Finland

14 Informant German Aged Home Records

(Address) Eutaw & Lafayson Sts

NOV 28 1926 CHAMPION JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to June 26, 1926, that I last saw him alive on June 25, 1926, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) John Hauff, M. D.

, 19 (Address) 1843 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem Date of Burial June 28, 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balt

Spec.—1-10-21—M&T—1500 Blks.

E 11908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11908

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Madison ave ST., 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie McGraw

(a) RESIDENCE NO. 813 Madison ave ST., 11 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 28 - 1854

7 AGE	Years	Months	Days 28	If LESS than 1 day, ...hrs. or ....min.
	72	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John J. McGraw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellin McGuire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant S. B. Freeman

(Address) 813 Madison Ave

15 JUN 28 1926 HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19 - , 1926, to June 25 - , 1926, that I last saw h alive on June 25 - , 1926, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Mitral incompetency)

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J. Keller, M. D.

6/26, 1926 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	June 29 1926
UNDERTAKER	ADDRESS
Henry W. Jenkins & Son & Co	Orchard & No. College Sts

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11909

CERTIFICATE OF DEATH.

31 E 11909

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 East St., 6-3 Ward)

2-FULL NAME Mariana Tramontello

(a) RESIDENCE NO. 308 East St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 3 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Tramontello

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 66; Months ___; Days ___; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ___

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: ___

9 BIRTHPLACE (city or town): ___

(State or country): Italy

PARENTS

10 NAME OF FATHER: Thomas Bossato

11 BIRTHPLACE OF FATHER (city or town): ___

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Pellecchia

13 BIRTHPLACE OF MOTHER (city or town): ___

(State or country): Italy

14 Informant: Rose Pellecchia

(Address): 308 East

15 Filed JUN 28 1926 19___ CHARLTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 1926

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to June 25, 1926, that I last saw h__ alive on June 25, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted

If not at place of death? ___

Did an operation precede death? no Date of ___

Was there an autopsy? no

What test confirmed diagnosis? ___

(Signed) Philip L. Bataglia, M. D.

(Address) 1838 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: June 27 1926

20 UNDERTAKER: Yund Ecard Son — ADDRESS: 1906 E Monument

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11910 E 11910

E 11910 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 866 W. Balto. St. 18-2 Ward)

2-FULL NAME Edward D. Ault.

(a) RESIDENCE NO. 866 W. Balto. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 27 1886

7 AGE: Years 40 | Months 3 | Days 28 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER Wm. H. Ault

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Harpers Ferry va

12 MAIDEN NAME OF MOTHER Elenda Snoder

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore md

14 Informant Mary E. Ault

(Address) 333 S. Gilmor

June 28 1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 hr.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 hr.

(Signed) June 26 1926 C. C. Jones, M. D.

(Coroner)

, 19 (Address) 1438 E. Pray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy Date of Burial June 28th 26

20 UNDERTAKER: Jos Jordans Son ADDRESS 217 S. Sharp

Very Important. See Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11911

CERTIFICATE OF DEATH.

31 E 11911

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1005 E. Fayette St. 5-1 Ward)

2-FULL NAME Fannie Silverman

(a) RESIDENCE NO. 1005 E. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Samuel Silverman

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 39 | Months - | Days - | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Warsaw

(State or country): Poland

PARENTS

10 NAME OF FATHER Larry Grundstein

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

14 Informant: Samuel Silverman

(Address): 1005 E Fayette

15 Filed JUN 28 1926 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 June 28

17 I HEREBY CERTIFY, That I attended deceased from June, 1919, to June 25, 1926, that I last saw h~~e~~r alive on June 25, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Clinical & Lab.

(Signed) R. G. Michelsen, M. D.

June 28 1926 (Address) 2230 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Date of Burial 6/28 1926

20 UNDERTAKER: Jack Levin ADDRESS 1139 E Balto St

Very important. See instructions on back of certificate.

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11912

CERTIFICATE OF DEATH.

129 E 11912

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St. 5-1 Ward)

2-FULL NAME Morris Sapperstein

(a) RESIDENCE NO. 115 Eighteenth St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Sapperstein

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 90 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old age

(b) General nature of industry, business, or establishment in which employed (or employer): Jewellery

(c) Name of employer: Maker

9 BIRTHPLACE (city or town): [illegible]

(State or country): Russia

PARENTS

10 NAME OF FATHER: Gershon Sapperstein

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Dunkan

13 BIRTHPLACE OF MOTHER (city or town): [illegible]

(State or country): Russia

14 Informant: Jack Levis

(Address): 1439 E Balt St

15 Filed....., 19..... Registrar

UN 28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to June 27, 1926, that I last saw h[illegible] alive on June 27, 1926, and that death occurred, on the date stated above, at 4 30 [illegible]m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

6/28 1926 (Address) 20[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Interment — Date of Burial 6/28 1926

20 UNDERTAKER: Jack Levis — ADDRESS 1439 E Balt St

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

dr Keller 1927 Gong 14

HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

E 11913 **E 11913**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1633 N Broadway 8-V Ward)

2-FULL NAME Mary Ella Simpson

(a) RESIDENCE NO. 1633 N. Broadway St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert H Simpson

6 DATE OF BIRTH (month, day, and year): Aug 12 1858

7 AGE: Years 68 | Months 10 | Days 15 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Alfred J Roy

11 BIRTHPLACE OF FATHER (city or town): Howard Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Annie E Gayle

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country): Va

14 Informant: Robert H Simpson

(Address): 1633 N. Broadway

15 Filed _____, 19____ C. HAMPSON JONES, Registrar

JUN 28 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 26, 19 26, to June 27, 19 26, that I last saw h.. alive on June 26, 19 26, and that death occurred, on the date stated above, at 9:30a

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) _____, M. D.

June 27, 19 26 (Address) 1927 Gong 14

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: June 30 1926

20 UNDERTAKER: Williams & Son ADDRESS: 512 E North Ave

Very Important. See Instructions on Back of Certificates.

Spec.—1-10-21—M&T—1500 Blks.

Emma R. Baker

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11914

CERTIFICATE OF DEATH.

× 90

E 11914

1-PLACE OF DEATH 1805 Bank St.

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma R. Baker,

(a) RESIDENCE NO. 1805 Bank St., ST., WARD Cambridge Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Wm. H. Baker.

6 DATE OF BIRTH (month, day, and year) Sept. 6 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Levin J. Bell

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret J. V[illegible]

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Nellie B. Dove
(Address) 1805 Bank St

Filed 6-28-1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 19

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to June 26, 1926,
that I last saw her alive on June 26, 1926,
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At Res. Cambridge Md.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms.

(Signed) Laura Voss M. D.
6-27, 19 (Address) 1806 Thomas St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Cambridge Md.

DATE OF BURIAL 6/28 1926

20 UNDERTAKER Henry H. Wicks 1551 W.

ADDRESS [illegible]

Spec.—1-10-21 M&T 1500 Bks.

E 11915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

176 E 11915

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ... ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. Parson

(a) RESIDENCE NO. 767 W. Lexington ST., ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Parson

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Parson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER — Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records
(Address)

15 Filed ..., 19... Registrar.

4 28 1926 For K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to June 27, 1926, that I last saw him alive on June 26, 1926, and that death occurred, on the date stated above, at 2.00 A m.

The CAUSE OF DEATH* was as follows:

Sub diaphragmatic Abscess

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Laboratory

(Signed) R Hooper Smith, M. D.

June 27 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 29 1926

20 UNDERTAKER John J. Fields ADDRESS 1200 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 11916 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

REGISTERED NO. E 11916

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 E 20th — St., 12-5 WARD)

2-FULL NAME Charles Edwards

(a) RESIDENCE NO. 216 E 20th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Edwards

6 DATE OF BIRTH (month, day, and year) Sept 22 52

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 26

(b) General nature of industry, business, or establishment in which employed (or employer) Calander

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wales

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales ~~Schroeder~~

12 MAIDEN NAME OF MOTHER ~~Schroeder~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant W H Edwards

(Address) 2232 N Montford Ave

Filed NOV 28 1926 C. HAMPSON JONES, M. D. Registrar

Per RSH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from April 15 1926 to June 26 1926

that I last saw him alive on June 25 1926

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid Flexure of Large Intestine

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Sigmoid Flexure

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Geo Billups, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL June 28 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N North

Spec.—12-9-25—A Co.—200 Bks.

E 11917

HEALTH DEPARTMENT—CITY OF BALTIMORE

152E 11917

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. 6 St., 1 Ward)

2-FULL NAME Emma Cordelia Scarborough

(a) RESIDENCE NO. Cardiff, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced (or) WIFE of: William Scarborough

6 DATE OF BIRTH (month, day, and year): July 16, 1851

7 AGE: Years 75 | Months 11 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Pylesville

(State or country): marylands.

PARENTS

10 NAME OF FATHER: Charles C Kinsey

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Wiggans

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pennsylvania

14 Informant: Mrs. Bernard McGuigan

(Address): 1608 Aiken St.

15 Filed ....., 19 C. HAMPSON JONES,

NOV 28 1925 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-19-, 1926, to 6-27-, 1926, that I last saw her alive on July 27, 1926, and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH* was as follows:

Septicemia (streptococcus)

(duration) yrs. 3 days mos. hs.

CONTRIBUTORY (Secondary) Palmar cellulitis

(duration) yrs. 9 days mos. ds.

18 Where was disease contracted if not at place of death? Pylesville, Md.

Did an operation precede death? Yes Date of 6-21-26

Was there an autopsy? None

What test confirmed diagnosis? Blood culture.

(Signed) Watt W. Eagle, M. D.

6/27, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pennsylvania State Ridge-Cardiff Md. Date of Burial 6/30/26, 19

20 UNDERTAKER: George J. Kuth Son

ADDRESS: 1735 Harford Ave

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 11918 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11918

88

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital 6-N

CITY OF BALTIMORE: (No.) ... ST., 6 ... WARD)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Schnieder

(a) RESIDENCE NO. 1937 Ostend St. ST., ... WARD ...
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the~~ word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/25/1905

7 AGE — Years 21 — Months 3 — Days —1 — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Motor Truck

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER George Schneider

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Munn

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mary Schneider
(Address) 1927 Ostend St

15 FILED DEC 8 1926 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-22-, 1926, to 6-25-, 1926, that I last saw him alive on 6-25-, 1926 and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis
(Staphylococcus Aureus)

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary)
... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. F. Bongardt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cath. Cem. — DATE OF BURIAL 6/29/26

20 UNDERTAKER George J. Pugh Sons — ADDRESS 1735 Harford Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11919

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 11919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No 1075 S. Carrollton St., 43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel L Shenton

(a) Residence No. 1075 Carrollton ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. 6 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 30 1908

7-AGE. 18 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thelmon F Shenton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Miss

12-MAIDEN NAME OF MOTHER, Effie Dunnock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-

(Informant) Mrs Verna Shenton

(Address) 2530 W Lombard St

15-

Filed JUN 28 1926, 192

C. HAMPSON JONES, C.

Per RAC Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 28-26

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to June 27 1926

that I last saw h.. alive on June 27 1926

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart D

General Anasarca

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward A Jones M. D.

, 19 (Address) 1325 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Dr Johns Island

DATE OF BURIAL June 28 19 26

20-UNDERTAKER. J. D. Heppler

ADDRESS 1150 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11920

CERTIFICATE OF DEATH.

90

E 11920

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N Carrollton ave ST. 18-1 WARD)

2-FULL NAME Mary Sparks

(a) RESIDENCE NO. 534 N. Carrollton ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16/857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	—	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Camden N. J.

PARENTS

10 NAME OF FATHER Spencer Vandenbergo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Camden N.J.

12 MAIDEN NAME OF MOTHER Mary T.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Camden N.J.

14 Informant Edw F Sparks.

(Address) 534 N. Carrollton Ave

Filed JUN 28 1926 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27th 1926

17

I HEREBY CERTIFY, That I attended deceased from May 24th 1926 to June 27th 1926.

that I last saw h[er] alive on June 27th 1926.

and that death occurred, on the date stated above, at 9 A.M. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H Houston, M. D.

6/27 1926 (Address) 3909 Gunston Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camden N. J.

DATE OF BURIAL June 28/926

20 UNDERTAKER Land Easton

ADDRESS 916 Race

FAILURE to fill out correctly all items is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 11921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 11921

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 4-2

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Rogers

(a) RESIDENCE NO. 412 Marion ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	47 Yr.	—	~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (Ward if in Baltimore) Md. Balto City

PARENTS

10 NAME OF FATHER Wm Rogers

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margarit Rice

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

Filed JUN 28 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1926, to June 25, 1926, that I last saw him alive on June 25, 1926, and that death occurred, on the date stated above, at 6:20 p m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Thoracic aorta (Syphilitic)
(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rupture of aneurysm Instantaneous
(duration)

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

6/26/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W M Auchentoroni | DATE OF BURIAL June 28/1926

20 UNDERTAKER David Easton | ADDRESS 916 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11922

E 11922

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Mount ST. 15-13 WARD)

2-FULL NAME Laura Watts

(a) RESIDENCE No. 1820 N Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or estahlishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Nathan Watts.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lussie Hammond

(Address) 1820 N Mount St

15 Filed JUN 28 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JUN 26 1926

17 I HEREBY CERTIFY, That I attended deceased from MAY 16 1926 to JUN 25 1926

that I last saw h alive on JUN 25 1926

and that death occurred, on the date stated above, at 2 A, m.

The CAUSE OF DEATH* was as follows:

Dilated Heart (duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Tuberculosis (duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. T. Duker M. D.

JUN 28 1926

(Address) 928 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: June 28 1926

20 UNDERTAKER: David Easton — ADDRESS: Cave

NOTE—It is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

Susie Gaydos ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11923

CERTIFICATE OF DEATH.

31 **E 11923**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Gaydos

(a) RESIDENCE NO. 1002 Harris Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Samuel Gaydos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Hospital Records (Address)

Filed 6-28-1926, 19 H. HARRISON JONES, D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1926

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to June 27, 1926, that I last saw h.. alive on June 27, 1926, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr. M. D.

6-28-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL July 1 1926

20 UNDERTAKER Stephen Fratkowski ADDRESS

Form 8

HOW IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks. Kate Thomas

11924

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 11924

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (or) ST. 5-N WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Thomas

(a) RESIDENCE No. 1507 May st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaking

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Lulu Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Hospital Records (Address)

15 Filed JUN 28 1926 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1926, to June 23, 1926, that I last saw her alive on June 23, 1926, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

Myocardial insufficiency, general anasarca (dutation) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm McFarland Jr. M. D.

6-23-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 6-25 1926

20 UNDERTAKER D. F. Talley Sons — ADDRESS 1315 Eut St

NOTE—Items 1 to 15 are very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5212 Ivanhoe Ave ST. 27-9 WARD)

REGISTERED NO. 59-001 E 11925

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeannette Mary O'Neill

(a) RESIDENCE: NO. 5212 Ivanhoe Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 4, 1926

7 AGE — Years: — Months: 4 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Francis R. O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Grace D. Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

11 Informant: Francis R. O'Neill

Address: 5212 Ivanhoe Ave.

13 Filed 6/28/26 C. HAMPSON JONES, M. D. Registrar

By R. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1926, to June 27, 1926, that I last saw her alive on June 27, 1926, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Spina Bifida + Hydrocephalus

(duration) yrs. 4 mos. 24 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Quinn, M. D.

6/28/26 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent's Cemetery

DATE OF BURIAL: June 29 1926

20 UNDERTAKER: Zirkler & Zirkler

ADDRESS: 1739 E. Eager

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11926

CERTIFICATE OF DEATH.

63 E 11926

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 7th WARD)

2-FULL NAME Alice France

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married -

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Mirchael France

6 DATE OF BIRTH (month, day, and year) Dec. 20th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt	50	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Dan Boone

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md -

12 MAIDEN NAME OF MOTHER Emma Gray

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md -

14 Informant Records of Mt Hope Retreat (Address) Baltimore Md

15 FILED JUN 28 1926 C. HAMPSON JONES, Registrar. Per MH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20th, 1925, to June 26, 1926, that I last saw h... alive on June 22, 1926 and that death occurred, on the date stated above, at 12.20 a. m.

The CAUSE OF DEATH* was as follows:

Addisons Disease of the Kidneys -

abt (duration) 1 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary) Hyp. Psychosis.

abt (duration) 1 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of —

Was there an autopsy? ...

What test confirmed diagnosis? —

(Signed) Frank J Hanny, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	June 29th 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 400 N. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11927

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 St Paul St ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Boyd

(a) RESIDENCE NO. 2418 St Paul St ST., 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? 71 yrs. 6 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Boyd

6 DATE OF BIRTH (month, day, and year) Dec. 25-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John W. Saumenig

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Gottschalk

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Germany

14 Informant Miss Sallye M. Boyd (daughter)
(Address) 2418 St Paul St.

15 Filed ... 1926 C. HAMPSON JONES, M. D. Registrar
Per pbd

28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1926, to June 26, 1926,
that I last saw her alive on June 24, 1926,
and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Stanley Green M. D.

June 29, 1926 (Address) 1700 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL June 29 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—509 Bks.

E 11928

HEALTH DEPARTMENT—CITY OF BALTIMORE E 11928

CERTIFICATE OF DEATH.

118-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. tal ST., 4-1 WARD)

2-FULL NAME Fredrick Elliott

(a) RESIDENCE NO. 623 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Elliott.

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Annie Gilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14

Informant

(Address) Hospital Records. UN.

15

8 1926 C. HAMPSON JONES, M. D., Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-25-26 19

17

I HEREBY CERTIFY, That I attended deceased from 6-17-26, 19 to 6-25-26, 19,

that I last saw him alive on 6-25-26, 19,

and that death occurred, on the date stated above, at 12¹⁰ P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Strangulated Right Inguinal Hernia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of 6-17-26 - 6-24-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. Rowas, M. D.

19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

Spec—12-23-21—E.B.R.S.—400 Eks.

E 11929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11929

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Md. State Penitentiary St., 10 of 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Henry Gibson

(a) Residence No..... Easton, Md. St.,..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Easton Md (State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)... Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Rachel —

13-BIRTHPLACE OF MOTHER (city or town)... Unknown (State or Country),

14-

(Informant).....

(Address).....

Filed ..... 19?

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 22 1926

17- I HEREBY CERTIFY, That I attended deceased from June 17, 1926 to June 22, 1926

that I last saw him alive on June 22 1926

and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis

(Duration)..... yrs. ..... mos. 5 ds.

CONTRIBUTORY —

(Secondary)

(Duration)..... yrs. — mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Albert L Andersen M. D

June 22, 1926 (Address) Md. State Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.

DATE OF BURIAL, ..., 19....

20-UNDERTAKER.

ADDRESS

8-1926

C. EMPSON JONES, M. D.

By .....

STATE OF MARYLAND

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11930 E 11930

CERTIFICATE OF DEATH.

X 199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST., 43 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Lofgren
Tennis Ballt Co

(a) RESIDENCE NO..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 08
(c) Name of employer

9 BIRTHPLACE (city or town) Sweden
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ruptured appendix
Peritonitis
Septicemia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
June 23, 1926 (Address) 1637 Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M.D.
UNIVERSITY OF MARYLAND
Commissioner of Health

JUN 28 1926

JUN 28 1926

Spec.—12-9-25—A Co.—200 Blks.

E. 11931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 11931

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1119 Hanover St. 21-2 Ward)

2-FULL NAME Mary Hatch

(a) RESIDENCE NO. 1119 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Hatch

6 DATE OF BIRTH (month, day, and year) March 1890

7 AGE 36	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Service

(b) General nature of industry, business, or establishment in which employed (or employer) Private 037

(c) Name of employer

9 BIRTHPLACE (city or town) Va.

(State or country)

PARENTS

10 NAME OF FATHER David Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Millie Agerton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Benj. Hatch

(Address) 1119 Hanover St.

15 Filed C. HAMPSON JONES, M. D. Registrar

JUN 28 1926 Per P.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26/1926

I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to June 26, 1926, that I last saw h[illegible] alive on June 26, 1926 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Auto Injuries

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatic Infection

(duration) — yrs. — mos. 4 ds.

17 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test (confirm diagnosis)? Clinical

(Signed) John H. Tompkins, M. D.

6/28/1926 (Address) 1019 Saint Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Powhatan Va June 29 1926

20 UNDERTAKER ADDRESS

S. L. Brumbaugh & Son 1018 W. Monument St.

Balto Md

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11932

CERTIFICATE OF DEATH.

91-09 E 11932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E. Fairmount Ave. ST., 6-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin F. Woelper Sr.

(a) RESIDENCE No. 2012 E. Fairmount ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 14-1844

7 AGE: Years 81 | Months 6 | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 615

(b) General nature of industry, business, or establishment in which employed (or employer): Ship Joiner

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Benj. F. Woelper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emily Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Benjamin F. Woelper Jr.

(Address) 122 W. Lakewood Ave.

15 Filed: C. HAMPSON JONES, M. D. Registrar

8 1926 Per P.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27/1926.

17 I HEREBY CERTIFY, That I attended deceased from 7/1 1926, to 6/27/26 1926, that I last saw h[illegible] alive on 6/26 1926, and that death occurred, on the date stated above, at 1:20 A. m.

The CAUSE OF DEATH* was as follows:

Uremic sclerosis

Supposition age

9

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. F. Meyer Jr. M. D.

6/28 1926 (Address) 1500 E 3 Mass

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 29 1926

20 UNDERTAKER: Wm. C. Black — ADDRESS: 927 N. Broadway

FRONT is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 11933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11933

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Cleveland St. ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Milton Bucheimer

(a) RESIDENCE NO. 1214 Cleveland St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Earnest Bucheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Esther Keilholtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John E Bucheimer
(Address) 1214 Cleveland St

15 FILED 8 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17

I HEREBY CERTIFY, That I attended deceased from April 27, 19 26, to June 26 19 26,

that I last saw him alive on June 26, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Congenital Actelectasis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Edw. Kemler M. D.

, 19 (Address) 24 N. Fulton Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL June 29 19 26

20 UNDERTAKER Harry A Weitzke ADDRESS 1531 W Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11934

E 11934

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1079 W Fayette St ST., 18-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella L Cleary

(a) RESIDENCE NO. 1079 W Fayette st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Late Martin L Cleary

6 DATE OF BIRTH (month, day, and year) Jan. 10. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER A. W. Corbett

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Verna L Chance

(Address) 1079 W. Fayette St

15 FILED 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12th, 1926, to June 27, 1926, that I last saw h alive on June 26, 1926, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Interstitial Nephritis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Stevenson, M. D.

June 25 1926 (Address) 268 S Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery DATE OF BURIAL June 27 1926

20 UNDERTAKER Harry H Wilzbe ADDRESS 1531 N Smallwood St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 74

City of BALTIMORE: (No. 1403 N. Central Ave St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Francis Cuney

(a) Residence No. 1403 N. Central Ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Widowed~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) Oct-13-1836

7-AGE. 89 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Cumberland Co Va.

PARENTS.

10-NAME OF FATHER. Wm Woodall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER. Katherine Bradley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14- (Informant) W. J. Still

(Address) 1403 N. Central Ave

15- Filed, 1926 C. PEARSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 27 1926

17- I HEREBY CERTIFY, That I attended deceased from 25 June 1926 to June 27 1926 that I last saw her alive on 25 June 1926, and that death occurred, on the date stated above, at 1:50A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Sandrock M. D.

28. 6, 1926 (Address) 1242 N. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. June 29 1926

20-UNDERTAKER. Hughes & Jones Inc

ADDRESS 4 N Broadway.

ROH

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11936

E 11936

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 133 W. Ostend St. 23-2 Ward)

2-FULL NAME Carrie L. Mc Cluskey

(a) RESIDENCE NO. 133 W. Ostend St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John F. Mc Cluskey

6 DATE OF BIRTH (month, day, and year): June 21, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	53	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Jacob Hamm

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Weaver

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Mary H. Lettau

(Address): 133 W Ostend St.

15 Date Received: 12-9-1926 C. HAMPSON JONES, M. D. Registrar*

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to June 26, 1926, that I last saw h.. alive on June 25, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Phlebitis left leg followed by general septicemia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) M. Blitzer, M. D.

6/26, 1926 (Address) 1219 Eight

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: June 29 1926

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Eight

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11937. HEALTH DEPARTMENT—CITY OF BALTIMORE E 11937

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. 1 ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Sienkiewicz

(a) RESIDENCE NO. 2501 Eastern Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 27 26

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Johns Hopkins Hospital. Balto Md

PARENTS

10 NAME OF FATHER Joseph Sienkiewicz

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Wanda Baurtro

13 BIRTHPLACE OF MOTHER (city or town) New York City (State or country)

14 Informant W R Sussman (Address) Johns Hopkins Hospital

15 8 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 27 1926 to June 28 1928. that I last saw him alive on June 28 1926, and that death occurred, on the date stated above, at 8.05 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W R Sussman, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 28 1926
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bond

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11938

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Fait Ave ST.) 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie St. Davis

(a) RESIDENCE NO. 3724 Fait Ave ST., WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? ~~—~~ yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel G Davis

6 DATE OF BIRTH (month, day, and year): Jan 11th 1880

7 AGE: Years 46 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Canton Baltimore Co

PARENTS

10 NAME OF FATHER: George J. Beil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Sauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Daniel G Davis

(Address): 3724 Fait Ave

15 [illegible] 19[illegible] C. CHAMPION JONES, M. D. Registrar

28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1926, to June 27, 1926,

that I last saw h~~e~~r alive on Jan 26, 1926

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray Murray

(Signed) Angelus A. Bundick M. D.

June 28 1926 (Address) 2221 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: June 29 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2923 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11939

CERTIFICATE OF DEATH.

E 11939

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Broadway ST. 5-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Miller

(a) RESIDENCE NO. 306 S. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? 67 yrs. 4 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Aloysious Miller

6 DATE OF BIRTH (month, day, and year) Feb 12th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Robert T. Baker
(Address) 306 S Broadway

15 JUN 8 1926 C. HAMPSON JONES, M. D.
Per RFD. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28 1926

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1926, to June 28, 1926, that I last saw h alive on 6/27, 1926, and that death occurred, on the date stated above, at 12.30 Am.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of Stomach

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Cachexia & Heart failure

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Jay A Dulley, M. D.

, 19 (Address) 1623 E N wich Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem — DATE OF BURIAL June 30 1926

20 UNDERTAKER Peter Nicolaus — ADDRESS 2923 Eastern Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11940 × 166 E 11940

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. W-3 Ward)

2-FULL NAME Harry H. Bradley

(a) RESIDENCE NO. Mercy Hospital St. ____ Ward Savannah Ga

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? 56 yrs. 11 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. Bradley

6 DATE OF BIRTH (month, day, and year) July - 22 - 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Boker

(b) General nature of industry, business, or establishment in which employed (or employer) Canned Goods

(c) Name of employer Sol Stateburg 045

9 BIRTHPLACE (city or town) Stateburg

(State or country) S. C.

PARENTS

10 NAME OF FATHER Saml. J Bradley

11 BIRTHPLACE OF FATHER (city or town) Stateburg

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Elizabeth Murray

13 BIRTHPLACE OF MOTHER (city or town) Stateburg

(State or country) S. C.

14 Informant Elizabeth S. Bradley (wife)

(Address) Savannah Ga.

15 Filed C. HAMPSON JONES, M. D.

JAN 28 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pachymeningitis Mercurial

Poisoning - Suicide, public or private

Duration of disease: yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

Duration: yrs. mos. ds.

Jan 28 (Signed) _____ M. D.

, 1926 (Coroner) (Address) 16 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State 0 yrs., 1 mos., 14 ds.

Where was disease contracted, if not at place of death? Emerson Hotel

Former or usual residence Savannah Ga

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savannah Ga. Date of Burial June 29 1926

20 UNDERTAKER Stewart Mower Co. ADDRESS Balto Md.

Be sure to print clearly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11941

CERTIFICATE OF DEATH.

1926

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Queenie Gray

(a) RESIDENCE NO. 205 N. Arlington Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

7a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE — Years: 17 yrs. Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER John Gray

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Butler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant John Gray

(Address) 205 N. Arlington Ave.

Filed JUN 29 1926 HARPER BROS., N. Y. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gun shot wound in back (Homicide) Revolver

(duration) yrs. mos. 2 ds.

(Signed) J. T. Hennessy M. D. (Coroner)

6/27/1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt auburn cemetery Date of Burial July 1 1926

20 UNDERTAKER: Edward Borjan ADDRESS 1681 orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11942

CERTIFICATE OF DEATH.

38 E 11942

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 9-4 WARD)

2-FULL NAME Robert Mitchell

(a) RESIDENCE NO. 531 S. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Mitchell

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE — Years: 47 yr. | Months: | Days: | If LESS than 1 day, ... hrs or ..... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Richard Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Emmeline —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Baltimore City Hospitals Reeds

15 Filed JUN 29 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 24, 19 26, to June 25, 19 26, that I last saw him alive on June 25, 19 26, and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis; aortic insufficiency

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insuff.

(duration) yrs. 3 mos 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

6/26/19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: June 30 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 1681 Orleans st

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11943

E 11943

91-002

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1003 Sterrett St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Schelhause

(a) RESIDENCE NO. 1003 Sterrett St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Schelhause

6 DATE OF BIRTH (month, day, and year) 2-12-1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Schelhouse

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country) "

14 Informant Agnes Schelhause

(Address) 1003 Sterrett St

15 FILED ..... 19 ..... By ..... Registrar

C. HAMPTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos.

June 28 1926 (Signed) G C Hadley M. D. (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem	6-30 1926

20 UNDERTAKER	ADDRESS
James Dignan & Son	1000 Pacca St

JUN 29 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

Kairis

E 11944

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 11944

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Reals Shore Westport St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. June Carmen Kairis

(a) Residence No. Reals Shore Westport St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Infant.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6-DATE OF BIRTH (month, day and year) June 9/26.

7-AGE, ...yrs. ....mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), md.

PARENTS.

10-NAME OF FATHER, Jno Kairis

11-BIRTHPLACE OF FATHER (city or town)..... md. (State or Country),

12-MAIDEN NAME OF MOTHER, Frances Cockrell.

13-BIRTHPLACE OF MOTHER (city or town)..... md. (State or Country),

14- (Informant) Frances Kairis

(Address) Westport

15-

Filed..... 192.....

Registrar.

JUN 29 1926 BAMBERGER [illegible] M.D.

By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 28 1926

I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to June 28, 1926, that I last saw her alive on June 26, 1926, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) no yrs. no mos. 9 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Cough.

(Signed) Raymond Blame, M. D.

June 28, 1926 (Address) Lakeland

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer	June 29, 1926
20-UNDERTAKER,	ADDRESS
J. Greblunas	473 S. Paca St.

instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11945

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. E 11945

CITY OF BALTIMORE: (No. 931 E. Madison ST. 11-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jettie Lee Robinson

(a) RESIDENCE. No. 931 E. Madison ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S., if of foreign birth? 6/12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no

6 DATE OF BIRTH (month, day, and year) July 22, 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Carl Robinson

11 BIRTHPLACE OF FATHER (city or town) Cheraw
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Maggie Streater

13 BIRTHPLACE OF MOTHER (city or town) Cheraw
(State or country) S. C.

14 Informant Carl Robinson
(Address) 931 E. Madison St.

15 Filed JUN 29 1926 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1926, to June 28, 1926

that I last saw her alive on June 28, 1926

and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchmeier, M. D.

19 (Address) 37 S. Stricker St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 29 1926

20 UNDERTAKER Mrs R A Elliott

ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 11946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11946

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Austin Howard -

(a) RESIDENCE NO. Lombard - Balto. - Md WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 - 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland -

PARENTS

10 NAME OF FATHER Chas. F Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Mary V. Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Chas Howard

(Address) Lombard

15 Filed NOV 29 1926 HARRISON JONES, Registrar

Per NSL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 28 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-27-26 to 6-28 1926,

that I last saw him alive on 6-28 1926,

and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Empyema. Rt side -

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Lymphoid Bronchopneumonia Patent Interventricular obstruction + Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4 - 29 - 26

Was there an autopsy? no -

What test confirmed diagnosis? Physical findings

(Signed) Edwin M. Kolmer M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Polar Church. DATE OF BURIAL June 30 1926

20 UNDERTAKER W S Marshall ADDRESS 3539 Falls Road

PRINT in very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11947

CERTIFICATE OF DEATH.

166 E 11947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Hughes Jr.

(a) RESIDENCE NO. 45 Belleview Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) Back River
(State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER John H. Hughes Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Co.

12 MAIDEN NAME OF MOTHER Mary E. Baldwin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant John H. Hughes Sr.
(Address) 45 Belleview Ave.

15 Filed ....., 192 C. HAMPSON JONES, M. D. Registrar
JUN 29 1926 Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poisoning

(Suicide)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cates, M. D. (Coroner.)

6/28/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL June 29 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light

Spec.—1-10-21—M&T—1500 Bks.

E 11948 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-801 E 11948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 East. ST. 5-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E Johnson

(a) RESIDENCE No. 206 East ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE Theodora Johnson

6 DATE OF BIRTH (month, day, and year) Dec 29 1887

7 AGE: 38 Years 31 Months 6 Days 1 28

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Joseph Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Joseph Johnson III

(Address) 206 East St

15 Filed JUN 29 1926, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 26, 19 26, to June 27, 19 26, that I last saw h live alive on June 27, 19 26, and that death occurred, on the date stated above, at 4.0 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococci Meningitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Bernstein, M. D.

, 19 (Address) 315 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: 6/28/ 1926

20 UNDERTAKER: Byron Wright — ADDRESS 128 W Oldenburg

TION is very important See instructions on back of certificates.

N 29 1926

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11949

CERTIFICATE OF DEATH

100-001

E 11949

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) ST., 16 WARD)

2-FULL NAME Ella Hall

(a) RESIDENCE No. 2822 Belmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 65. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: James Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Ridley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Balto City Hospitals

15 Filed NOV 29 1926, 19 Per R K Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to June 27, 1926

that I last saw h[illegible] alive on June 27, 1926

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Terminal)

(duration) yrs mos ds

CONTRIBUTORY (Secondary): Senile Psychosis with Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) John F. Donnelly M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: June 30 26

UNDERTAKER: Geo. W. Glover & Son Geo. W. Glover

ADDRESS: 901 Hollins

Please be very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11950

CERTIFICATE OF DEATH.

E 11950

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Catawna Ave ST., 26-2 WARD)

2-FULL NAME Clementine E. Ireland

(a) RESIDENCE NO. 14 Catawna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John B. Ireland

6 DATE OF BIRTH (month, day, and year) July 26, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Theodore Michel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert W. Ireland

(Address) 14 Catawna Ave

15 Filed JUN 29 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 26, 1926, that I last saw h[illegible] alive on June 26, 1926, and that death occurred, on the date stated above, at 4. 40 m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis and Chronic Interstitial nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. L. Byers M. D.

6-28-1926 (Address) 1405 E. Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 29 1926

20 UNDERTAKER Geo. C. Smith — ADDRESS 1932 Hollins

INSTRUCTION is very important. See instructions on back of certificates. Cause of death in the plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11951

CERTIFICATE OF DEATH.

49 E 11951

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., 45-6 WARD)

2-FULL NAME Mrs. Katie Winchester

(a) RESIDENCE NO. 3409 Helton Road ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Perre Winchester

6 DATE OF BIRTH (month, day, and year): 10-6-1857

7 AGE: Years 68 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H.W. 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Queen Anne Co. Md

10 NATIVITY: Caucasian White

PARENTS

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore (?) Md

12 MAIDEN NAME OF MOTHER: Mary Elizabeth Carville

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Centerville Md

14 Informant: Mrs Katie Winchester
(Address) 3409 Helton Rd.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-28-26

17 I HEREBY CERTIFY, That I attended deceased from 6-25-26, 19 ..... to 6-28-26.

that I last saw her alive on 6-28-26, 19 .....

and that death occurred, on the date stated above, at 3.00 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary carcinoma

½ (duration) ½ yrs. mos. ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

½ (duration) ½ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: June 30 1926

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins

JUN 29 1926 THOMPSON JONES

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 11952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 11952

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Madison ave ST. 10th WARD)

2-FULL NAME Eli Henson

(a) RESIDENCE. No. 1804 Madison ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs mos ds
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colred	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sula Henson

6 DATE OF BIRTH (month, day, and year) [illegible] 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 010

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Eli. Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla Gallaway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sula Henson
(Address) 1804 Madison

Filed JUN 29 1926 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31 - 1926, to June 26 - 1926,
that I last saw h[illegible] alive on June 25 - 1926,
and that death occurred, on the date stated above, at 7 A - m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 to 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) None Known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas J. Keller, M. D.

6/26 1926 Address 111 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	June 29 1926

20 UNDERTAKER John H. Jordan ADDRESS 1027 Druid Hill

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11953 — 183 E 11953

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C.Elmer Pritchett

(a) RESIDENCE No #1736 N.Port St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb.21st.1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Maurice Pritchell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Kate Waldeck

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14
Informant Maurice Pritchett
(Address) #1736 N.Port St.

15 Filed N 29 1926 C. HAMPSON JONES, Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistop shot in brain-
Accidental- probably fired by
himself, possibly by companoin
(Milton Woerner)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Jos. Paul, M. D.
(Coroner.)

6/29/26. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto.Cem.

DATE OF BURIAL 6/30/26 192

20 UNDERTAKER Philip Herring

ADDRESS 2016 Oliver

Spec.—I-12-23—M&T—500 Bks.

E 11954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 129 E 11954

1-PLACE OF DEATH U. S. Marine Hospital # 1.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 12-2 WARD)

2-FULL NAME John Mathews

(a) RESIDENCE NO. Crisfield, Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb 26, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
61	62	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Seaman

(c) Name of employer S/S Jeanette

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Bartholomy Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant's ..... Self .....

(Address) .....

15 Filed JUN 29 1926 J. C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1926, to June 27, 1926, that I last saw him alive on June 27, 1926, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis, Parenchymatous, Chronic

..... (duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Unknown

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings and laboratory findings

(Signed) H. E. Trimble, M. D.

(Address) U.S. Marine Hospital #1, Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md — DATE OF BURIAL 6/29 1926

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

E 11955

CERTIFICATE OF DEATH

E 11955

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No.) Baltimore St., 11th Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Eytinge

(a) RESIDENCE NO. 2042 Linden Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. St.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 17, 1873

7 AGE: Years 53 | Months 6 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Eytinge

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Bertha Nachman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md.

14 Informant: Mr. P. Eytinge

(Address) 2042 Linden Ave

Filed JUN 29 1926, 19

HAMPSON JONES, M. D.

Per KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1926, to June 28, 1926,

that I last saw her alive on June 28, 1926,

and that death occurred, on the date stated above, at 1.40 p m.

The CAUSE OF DEATH* was as follows:

Toxic Goitre

"Exophthalmic"

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock following operation

(duration) Hrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of June 28. 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Basal metabolism

(Signed) Walter W. Eagle, M. D.

6-28-1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beth Shalom Cem. Date of Burial 6/30/26.

20 UNDERTAKER: Baird Sondheim ADDRESS 115-20 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11956

E 11956

CERTIFICATE OF DEATH

REGISTERED NO. 49

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 3 3rd. + Calvert St. 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs George F Hauck

(a) RESIDENCE No. 460 Charles St Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs G. F. Hauck

6 DATE OF BIRTH (month, day, and year) July 31 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm Hauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Lippe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs G. F. Hauck

(Address) 460 Charles St Ave

JUN 3 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17

I HEREBY CERTIFY, That I attended deceased from May. 27. 1924. to June 28 1926.

that I last saw him alive on June 28 1926,

and that death occurred, on the date stated above, at 3 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas

& obstruction

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 4-17-26

Was there an autopsy? no 5-27-26

What test confirmed diagnosis? Examination

(Signed) R J B Clelland, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	June 30 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	201 W Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11957

CERTIFICATE OF DEATH.

+ 49 E 11957

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL Ward) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Lucy Deal

(a) RESIDENCE NO. 1011 Larchmont Ave Norfolk Va Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 Weeks mos. da. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) January 25 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	69	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. Y.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER W. H. Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Eliz. Deal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 .....

JUN 29 1926 K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1926, to June 29th, 1926, that I last saw h.. alive on June 29th, 1926, and that death occurred, on the date stated above, at 3 45 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis, acute

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma, mastoplasty

(duration) ....yrs. 7 mos. ....ds.

18 Where was disease contracted if not at place of death? Meningitis occurred post operative

Did an operation precede death? Yes Date of June 19, 1926

Was there an autopsy? Yes, brain only

What test confirmed diagnosis?

(Signed) Ferdinand Lee, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Date of Burial June 29 1926

20 UNDERTAKER John O. Mitchell ADDRESS 120 W Layette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11958

CERTIFICATE OF DEATH

100-001

E 11958

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ST. 17-2 WARD)

2-FULL NAME Charles J. Davis

(a) RESIDENCE No. 540 N. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 43. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles J. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen J. Tydings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Baltimore City Hospitals

15 Filed N. C. HAMPSON, R. Registrar

UN 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1926 to June 27, 1926 that I last saw h. alive on June 27, 1926 and that death occurred, on the date stated above, at 1508 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (terminal)

(duration) 5 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis

Acute Alcoholism Deficient (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Objects of findings?

What test confirmed diagnosis?

(Signed) Harry H. Young M.D.

6/27 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 6/30 1926

UNDERTAKER: Saunders & Brantley

ADDRESS: 1128 N. Bidd St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11959

CERTIFICATE OF DEATH.

E 11959

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mc Culloh St., 14-1 WARD)

2-FULL NAME Thos. Dixon

(a) RESIDENCE No. 1419 Mc Culloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Nannie Dixon

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): Broo[illegible]

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Nannie Dixon

(Address): 1419 Mc Culloh St.

Filed JUN 29 1926 THOMPSON-JONES, INC.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926 to June 26, 1926

that I last saw h[illegible] alive on June 26, 1926

and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Dixon, M. D.

(Address) 924 Mon[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 6/29 1926

20 UNDERTAKER: Samuel C. Beasley

ADDRESS: Belair

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 11960 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11960

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1161 N Carrollton ave ST. 16-6 WARD)

2-FULL NAME Mary Elizabeth Jones

(a) RESIDENCE NO. 1161 N. Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Phillip S. Jones

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE 44 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work simple housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Co Pa (State or country)

PARENTS

10 NAME OF FATHER Henry Hyson

11 BIRTHPLACE OF FATHER (City or town) Pa (State or country)

12 MAIDEN NAME OF MOTHER Henderson 1928-26

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Phillip S. Jones (Address) 1161 N Carrollton Ave

15 Filed JUN 29 1926 19 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-25-26, 19, to 6-27-26.

that I last saw her alive on ", 19

and that death occurred, on the date stated above, at 9-40 P m.

The CAUSE OF DEATH* was as follows:

~~Edema~~ Valvular Heart disease Chron,

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Gen'l Debility, Insolitis, Neuritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. K. Rikard, M. D.

(Address) 624 Hill ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Merryland Pa DATE OF BURIAL 6/29 1926

UNDERTAKER Samuel H Buckley & Bro ADDRESS 578 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 11961

E 11961

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp, St., 11-1 Ward)

2-FULL NAME George Vann

(a) RESIDENCE NO. 113 Dolphin St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1893

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chef

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) S. C.

10 NAME OF FATHER George Vann

PARENTS

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) S. C.

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) _____

14 Informant Samuel W. Bailey

(Address) Columbia S. C.

15 FILED 19 _____ Registrar

JUN 29 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) D. T. Hennessy M. D.
(Coroner)

6/29 1926 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia S C — Date of Burial 7/2 1926

20 UNDERTAKER Daniel Easter — ADDRESS 916 Pacific

Sex should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Obs. Gl Bladder Fill

HEALTH DEPARTMENT—CITY OF BALTIMORE

Coroner at Large

E 11962

CERTIFICATE OF DEATH

62 E 11962

1-PLACE OF DEATH University Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard & Green ST.) 18-1 WARD)

2-FULL NAME Baby Girl Bagley -

(a) RESIDENCE No. 847 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23rd 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NV

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Harry Bagley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Viola Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Henry C Bagley

(Address) 847 W Franklin St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

JUN 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-26, 1926, to 6-27, 1926, that I last saw h[illegible] alive on Sun 6-27, 1926 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagica -

Neonatorium

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hemorrhage from Mucous Surfaces (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? -

(Signed) W. E. LENNON -, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL June 29 1926

20 UNDERTAKER Samuel Carson — ADDRESS 916 Park

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11963

E 11963

CERTIFICATE OF DEATH.

REGISTERED NO. 901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 589 (St.) Orchard (Ward) 17-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Phillips

(a) RESIDENCE NO. 589 ST., Orchard WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Phillips

6 DATE OF BIRTH (month, day, and year) March 1-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baldo Md

PARENTS

10 NAME OF FATHER Frank J Sims

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River Md

12 MAIDEN NAME OF MOTHER Jane Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Patapsco Md

14 Informant Georgiana Brown

(Address) 917 Penn St Balto

Filed JUN 3 1926, 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to June 29, 1926, that I last saw h[illegible] alive on June 28, 1926, and that death occurred, on the date stated above, at 330A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 58 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Oldman M. D.

, 19 (Address) 856 Dr Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 7/2 1926

20 UNDERTAKER Samuel Easton ADDRESS 916 Ron

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11964

CERTIFICATE OF DEATH.

10

E 11964

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH SYDENHAM HOSPITAL

CITY OF BALTIMORE: (No. 18-2 ST. WARD)

2-FULL NAME Gordon Campbell

(a) RESIDENCE NO. 76 S. Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male, Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8, 1925

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Campbell

(Address) 76 S Carrollton Ave

15 Filed JUN 29 1926 C. HAMPSON JONES, M. D. Registrar

Per L.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1926 to June 29, 1926,

that I last saw h in live on June 29, 1926,

and that death occurred, on the date stated above, at 4 32 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of June 28, 1926

Was there an autopsy? No

What test confirmed diagnosis? Pos. Diph. Cult.

(Signed) Myron G. Tull M. D.

6/29 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL June 30 1926

20 UNDERTAKER for Feerdens Son ADDRESS 2178 Bway

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11965

CERTIFICATE OF DEATH.

129 E 11965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 N. Leary ST., 18-1 WARD)

2-FULL NAME Mary L. McDonough

(a) RESIDENCE NO. 509 N. Leary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. ~~0~~ mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John McDonough

6 DATE OF BIRTH (month, day, and year) Nov 30/1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Cumberland (State or country) Md

PARENTS

10 NAME OF FATHER Alexander Middleton

11 BIRTHPLACE OF FATHER (city or town) Cumberland (State or country) Md

12 MAIDEN NAME OF MOTHER Abbie Baker

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant John L. Malbourn (Address) 6 Park Drive Lauchmont

15 Filed JUN 29 1926 Per RK

H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6.29. 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to Jun 29th, 1926, that I last saw h[illegible] alive on Jun 28th, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Lightcap M. D.

6.29. 1926 (Address) 211 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL July 1st 1926

20 UNDERTAKER C. Carson Kennard — ADDRESS 723 N. Lafayette Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11966

REGISTERED NO. 57 E 11966

1-PLACE OF DEATH

City of BALTIMORE: (No. 3431 E. Baltimore St., 46-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schick

(a) RESIDENCE NO. 3431 E. Baltimore St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Schick

6 DATE OF BIRTH (month, day, and year): Sept 13-1853

7 AGE: Years 72 | Months 9 | Days 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany.

PARENTS

10 NAME OF FATHER Andrew Schick

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Stein

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany.

14 Informant: Anna Schick

(Address) 3431 E. Baltimore St

Filed JUN 29 1926 C. HAMPSON JONES, Registrar

By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to June 28, 1926, that I last saw him alive on June 28, 1926, and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 7 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Nephritis Chronic

Pulmonary Tb (duration) yrs. 6 mos. ds.

18 Where was disease contracted? Unknown

If not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Sonnenschein M. D.

June 28, 1926 (Address) 3307 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial June 30 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Do not write in this space. Answer all questions fully and accurately. Supplies. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—G 25—A Co.—200 Bks.

1916 96

E 11967.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 11967.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 96-4 Ward)

2-FULL NAME John Strader (Strawer)

(a) RESIDENCE NO. 2 Maple Ave & Phila Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6 DATE OF BIRTH (month, day, and year) May 6 - 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md (Swan)

PARENTS

10 NAME OF FATHER John Strader

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md -

12 MAIDEN NAME OF MOTHER Annie Debelius

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 29 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 7th, 1926, to June 27th, 1926, that I last saw h[illegible] alive on June 27th, 1926, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Empyema.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Yes Date of May 15/26

Was there an autopsy! Yes

What test confirmed diagnosis! [illegible]

(Signed) Alexander Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. Date of Burial June 29th 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11968

E 11968

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Greenway ST. 12-1 WARD)

2-FULL NAME Fannie Scott Waters

(a) RESIDENCE No. 4101 Greenway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Franas E. Waters

6 DATE OF BIRTH (month, day, and year) April 16, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Adrian, Mich.
(State or country)

PARENTS

10 NAME OF FATHER William H. Scott

11 BIRTHPLACE OF FATHER (city or town) Columbia S. C.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wingus

13 BIRTHPLACE OF MOTHER (city or town) Newberk State
(State or country) Columbia S. C.

14 Informant F. F. Waters
(Address) 4101 Greenway.

15 Filed JUN 29 1926 M. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to June 29, 1926, (that I last saw her alive on June 29, 1926, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hyper tension

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ronald T. Abercrombie M. D.

6/29, 1926 (Address) 184 N. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem — DATE OF BURIAL June 30 1926

20 UNDERTAKER Henry J. Jenkins Sons Co — ADDRESS McCulloh & Orchard 26

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11969

CERTIFICATE OF DEATH.

74-001

E 11969

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3413 Gwynn Oak Ave ST. 26-2 WARD)

2-FULL NAME John Henry Thomas

(a) RESIDENCE. NO. 3413 Gwynn Oak Ave ST., ... WARD. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	9 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer) Jenkins Canning Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John F. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Pa

12 MAIDEN NAME OF MOTHER Sophie Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Emma D. Thomas
(Address) 3413 Gwynn Oak Ave

15 Filed JUN 29 1926 R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 1920, 19..., to June 27, 1926, that I last saw h~~e~~ive on June 27, 1926, and that death occurred, on the date stated above, at 8 PM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
4th attack

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Smink, M. D.

1926 Address) 4308 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York Pa	June 30 1926
20 UNDERTAKER George J. Smith	ADDRESS 1572 Hollins

Blanks should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11970

CERTIFICATE OF DEATH.

31 E 11970

1-PLACE OF DEATH

City of BALTIMORE: (No. 4 E. Wylie St. 27-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Silverstein

(a) RESIDENCE NO. 4 E. Wylie Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Silverstein

6 DATE OF BIRTH (month, day, and year) Sept 21 - 1902

7 AGE: Years 23 | Months 9 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York city

(State or country)

PARENTS

10 NAME OF FATHER Harry Leidman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie Levin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Harry Leidman

(Address) 4 E Wylie Ave

Filed ..... 19 ..... Registrar

NOV 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 24, to June 28, 19 26 that I last saw h[illegible] alive on June 28, 19 26, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted 9.

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical examination

(Signed) M. Hamma M. D.

. 19 (Address) 1822 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Weinberg Herrman Cem — Date of Burial 6/30 1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CA OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA very important. See instructions on back of certificates.

E 11971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11971

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 Wickham Road St. 28-5 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Kellar Pickle

(Residence in Baltimore: No. 115 Wickham Road St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: July (Month) 4th (Day) 1870 (Year)

7-AGE: 50 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 937

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Joseph F. Kellar

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Sallie Legard

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W.F. Hawthorne

(Address) 115 Wickham Road

15-

Filed JUL 29 1926

C. HAMPSON JONES, M.D. Registrar.

Per ARH

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28th (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to Her Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Asphyxiated by Illuminating Gas

(Duration) Dead when found

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

July 29th 1926. (Address) Curtis Bay, Md

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Marion Va. DATE OF BURIAL: 7/30 1926

20-UNDERTAKER: J. Fred McCully ADDRESS 130 E Fort

N 29 1926

If DEATH occurred in a hospital or institution, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-05 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11972

CERTIFICATE OF DEATH.

101-001

E 11972

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Gault

(a) RESIDENCE NO. 2602 Eutaw St. Wilmington Del Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Del.

PARENTS

10 NAME OF FATHER Marshall Gault

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ind.

12 MAIDEN NAME OF MOTHER Constance Legacy

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) N. H.

14 Informant Mrs. Ga

(Address) JOHNS HOPKINS HOSPITAL

15 Filed C. HAMPSON JONES, M. D. Registrar

Per DCH

29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 June 28

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to June 28, 1926, that I last saw h.e. alive on June 28, 1926, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

Pneumococcus Meningitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wilmington Del.

Did an operation precede death? yes Date of 6/26/26

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Alexander J. Schaffer, M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Owings Station, Md	June 30 1926

20 UNDERTAKER	ADDRESS
Hooper V. L. Speare & Co	West 218

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11973

CERTIFICATE OF DEATH.

E 11973

1-PLACE OF DEATH South Balti Gen. Hospital

City of BALTIMORE: (No. 1213 Light St. 11-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ludwig

(a) RESIDENCE NO. 228 Franklin St. or Ward Hanover Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, (Widowed,) or Divorced, (write the word)
M.	W.	Widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	59.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna.

PARENTS

10 NAME OF FATHER Samuel Ludwig

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Worley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Mrs Ruth Ludwig

(Address) Hanover Pa

15 6 29 1926 C. HAMPSON JONES, M. D. Registrar

Per BKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from March 5 1926, to June 29, 1926, that I last saw him alive on June 29, 1926, and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of March 9/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. Dalton, M. D.

, 19 (Address) South Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial June 29 1926

Mt Olivet Hanover Pa

20 UNDERTAKER W. G. Feser — ADDRESS Hanover Pa.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11974 E 11974

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Canal ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Johns

(a) RESIDENCE NO. 214 Canal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1894

7 AGE Years 25 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Neal Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mamie Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mamie Johns

(Address) 214 Canal St

JUN 29 1926 C. HAMPSON JONES, M. D. Registrar

Per MH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 26. 1928. to June 28. 1928.

that I last saw h alive on June 28. 1926

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Neville M. D.

6/28, 1926 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 29 1926

20 UNDERTAKER Adolph Halsted

ADDRESS 704 N Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...UPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11975

11975

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH W.

City of BALTIMORE: (No. 1607 Lanvale St., 16-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street nnd number.)

2-FULL NAME Norman Sample

(a) Residence No. 1607 W. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1899

7-AGE. 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Shipwork

(c) Name of employer Bethlehem

9-BIRTHPLACE (city or town) (State or Country) U. S.

PARENTS.

10-NAME OF FATHER Marshall Sample

11-BIRTHPLACE OF FATHER (city or town) (State or Country) U. S.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

14-

(Informant) Mamie Owens

(Address) 1607 W. Lanvale St

15-Filed JUN 28 1926 C. HAMPSON JONES, M. D. Registrar.

Per R K H

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 27-26

17- I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926 to June 27, 1926.

that I last saw him alive on June 25, 1926.

and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John C. Stewart, M. D.

, 19 (Address) 704 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL. June 30/1926

20-UNDERTAKER Dann Earlod

ADDRESS 976 Ca ave

Spec.—1-10-21—M&T—1500 Bks.

E 11976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11976

CERTIFICATE OF DEATH DISTRICT NO. 16

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1720 Division ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Ella Sallows & Howard Rose

(a) RESIDENCE NO. 1220 Druid ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/27/26

7 AGE — Years — Months — Days 1 — If LESS than 1 day hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Howard Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Towson Md.

12 MAIDEN NAME OF MOTHER Ella Sallows

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Ella Sallows (Address) 1220 Druid St.

15 Filed JUN 29 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27/26

17 I HEREBY CERTIFY, That I attended deceased from 6/27/26 to 6/27/26, that I last saw him alive on 6/27/26, and that death occurred, on the date stated above, at 10.35 P.M.

The CAUSE OF DEATH* was as follows:

Pemphigus Vinto 7 months Prostration

Pertussis (duration) 4 days and Pneumonia (duration) 4 days

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 72 E. Madison

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11977

CERTIFICATE OF DEATH.

117 E 11977

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Room or Duke and) ST. Lafayette WARD 27-5

2-FULL NAME Gertrude High

(a) RESIDENCE NO. 418 Delaware Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Healey High

6 DATE OF BIRTH (month, day, and year) May 2nd 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Milton J Dey Cries

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Md

12 MAIDEN NAME OF MOTHER Mary H. Woolley

13 BIRTHPLACE OF MOTHER (city or town) Stuttgart (State or country)

14 Informant Healey High
(Address) 418 S. Delaware Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/28, 1926, to 6/28, 1926
that I last saw her alive on 6/28, 1926
and that death occurred, on the date stated above, at 3:00 a. m.
The CAUSE OF DEATH* was as follows:

Acute appendicitis
Chronic Nephritis

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary) Septicemia
(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? Yes Date of 6/26/26
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) R. Faulkner, M. D.
, 19 (Address) W. B. & H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 7-1-1926

20 UNDERTAKER H. C. Brauning & Son

ADDRESS 517 Schroeder St

N 29 1926

Make entries in ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11978 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11978

CERTIFICATE OF DEATH.

57

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2216 Boston St St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Michael Szydlowski

(a) Residence No. 2216 Boston St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Lora Szydlowski

6-DATE OF BIRTH (month, day and year) Aug. 15-1847

7-AGE, 78 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Retired

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Poland

14- (Informant) Martin Szydlowski

(Address) 513 S. Broadway

15- Filed ..... By C. HAMPSON JONES, M. D. Registrar

N 2 9 1926 For .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26-26

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 26, 1926, that I last saw him alive on June 26, 1926, and that death occurred, on the date stated above, at 8 55 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Joseph H. Vahlsing D M. D.

June 29, 1926 (Address) 14 E. Lo Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Cross - Trappe Rd	June 1, 1926

20-UNDERTAKER, Wenzel Dippel & Son ADDRESS 57 E. Lo Ave St

Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11979

CERTIFICATE OF DEATH.

185 E 11979

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 11-2 Ward)

2-FULL NAME Esther Jones

(a) RESIDENCE NO. 865 Linden Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col ~~white~~	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas B. Jones

6 DATE OF BIRTH (month, day, and year) Mar 1/1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Florence Chesley

(Address) 865 Linden Ave

15 Filed JUN 29 1926 C. HAMPSON JONES, M. D. Registrar

Per MM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidently tripped on stairs in home- fell & fractured rt femur at hip.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Exophthalmic Goitre

(duration) ...yrs. ...mos. ...ds.

(Signed) J. S. Bowers, M. D.

(Coroner)

6/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 6/30/1926

20 UNDERTAKER Mrs. Geo. H. Bollard ADDRESS 16 S. Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11980

CERTIFICATE OF DEATH.

100 E 11980

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1337 Myrtle ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jessop

(a) RESIDENCE NO. 1337 Myrtle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank W. Jessop

6 DATE OF BIRTH (month, day, and year): June 18 1884

7 AGE: Years 42 | Months | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Daniel Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Bumley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mary Epps 1337 Myrtle Ave

15 Filed JAN 29 1926 C. HAMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Jan 27 11, 1926.

that I last saw h[illegible] alive on Jan 26, 1926,

and that death occurred, on the date stated above, at 5.20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Lehtart M. D.

Jan 28 1926 (Address) 911 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loan Wlauf - N. Thumberland Co. Va.

DATE OF BURIAL: 6/30/26

20 UNDERTAKER

ADDRESS

Mrs. Geo. H. Holland 1631 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS a... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...CUPATION is very important. See instructions on back of certificates.

N2 9 1926

Spec.—1-12-23—M&T—500 Blks.

E 11981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11981

CERTIFICATE OF DEATH.

× 129

1-PLACE OF DEATH University of Maryland Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Coobe

(a) RESIDENCE NO. Mayo, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Coobe

6 DATE OF BIRTH (month, day, and year) Dec 15 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) a a co md

PARENTS

10 NAME OF FATHER James Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) a a co md

12 MAIDEN NAME OF MOTHER Helen Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) a a co md

14 Informant William A Coobe

(Address) Mayo Md a a co:

Filed JUN 29 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17

I HEREBY CERTIFY, That I attended deceased from June 2 , 1926, to June 29 , 1926, that I last saw h.e alive on June 29 , 1926 and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Ch. nephritis, hypertension, uremic convulsions

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Mayo, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine analysis, Blood.

(Signed) W S Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Memorial Cemetery — DATE OF BURIAL June 29, 1926

20 UNDERTAKER W L Hopping — ADDRESS Annapolis

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11982

CERTIFICATE OF DEATH.

E 11982

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1360 Fremont Ave ST., 15-13 WARD)

2-FULL NAME William Fauntleroy

(a) RESIDENCE No. 1360 Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla Campbell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Va

PARENTS

10 NAME OF FATHER Thomas Fauntleroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Polly Rusk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Walter Fauntleroy

(Address) Lancaster Co Va.

15 Filed JUN 30 1926, 19 C. LAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1926, to June 28, 1926,

that I last saw him alive on June 26, 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

6/28, 1926 (Address) 1928 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Co Va — DATE OF BURIAL June 30 1926

20 UNDERTAKER J. L. Brown's Son — ADDRESS 1081 W. Mosher St

JUN 30 1926

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 11983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 11983

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 9-4 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olive McClain

(a) RESIDENCE NO. 716 E. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861 Oct 30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel B McClain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Annie Mc

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant City Hospital Records (Address)

15 Filed JUN 30 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to June 28, 1926.

that I last saw her alive on June 28, 1926.

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis,

Hypertension

Chronic Myocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Lintl M. D.

June 29 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury Penna — DATE OF BURIAL 7/1 1926

20 UNDERTAKER Philip Harris — ADDRESS 2016 Orleans

NOTE—PRINTED, WRITTEN OR TYPEWRITTEN. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11984

CERTIFICATE OF DEATH.

E 11984

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316 E Monument (St.) 10-2 (Ward) 80

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Shannon

(a) RESIDENCE NO. 1316 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Adville Shannon

11 BIRTHPLACE OF FATHER (city or town) S.C. (State or country)

12 MAIDEN NAME OF MOTHER Saddie Hewson

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Saddie Shannon (mother)
(Address) 1316 E Monument St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

JUN 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1926, to June 28 1926,

that I last saw her alive on June 28 1926,

and that death occurred, on the date stated above, at 11 4m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Meningismus? repeated Convulsions Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

6/29 1926 (Address) 1 & Eq E Monument St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: June 30. 1926

20 UNDERTAKER: Jos. T. H. Rochester ADDRESS: 1813 Jefferson St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 11985

E 11985

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. 5-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Curtis Duffy

(a) RESIDENCE NO. 1243 Edward St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosebeth Duffy

6 DATE OF BIRTH (month, day, and year) Jan 10/97

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer

9 BIRTHPLACE (city or town) Aiken

(State or country) S.C.

PARENTS

10 NAME OF FATHER Tligha Duffy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S.C.

12 MAIDEN NAME OF MOTHER Mamie Wigfall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Avie Duffy

(Address) 1243 Edward St.

15 Filed JUN 30 1926 16 T. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral & Spinal Syphillis

(Hemorrhage or Gumma)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) T. Hampson Jones M. D.

(Coroner)

6/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemty Date of Burial 6/30 1926

20 UNDERTAKER Byron Wright ADDRESS 218 McCulloh St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11986

CERTIFICATE OF DEATH.

143-003

E 11986

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square

CITY OF BALTIMORE: (No. West End Maternity ST. 5-1 WARD)

2-FULL NAME Sarah Tuso

(a) RESIDENCE No. 415 N. Exeter St ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Salvatore Tuso

6 DATE OF BIRTH (month, day, and year) Oct 14-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	8	~~4~~ 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER Edward Harmon

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Salvatore Tuso
(Address) 415 N. Exeter St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JUN 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to June 28, 1926, that I last saw her alive on June 28, 1926 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Luigi D. DiStefano M. D.

June 28, 1926 (Address) 1407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Cemetery | DATE OF BURIAL 7/1, 1926

20 UNDERTAKER Geo. L. Ruth | ADDRESS 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11987

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Madison Ave St., 11-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Walter Overton

(a) Residence No. 931 Madison St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-CONDITION. Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Overton

6-DATE OF BIRTH (month, day and year) Sept 25th 1900

7-AGE. 25 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Donald Duke

9-BIRTHPLACE (city or town) Balto.
(State or Country),

PARENTS.

10-NAME OF FATHER, John A. Overton

11-BIRTHPLACE OF FATHER (city or town) Winfall
(State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lucinda Talley

13-BIRTHPLACE OF MOTHER (city or town) Va.
(State or Country),

11- (Informant) John W. Overton Sr.

(Address) 913 Latrobe St.

13- Filed....., 192.. Registrar.

JUN 30 1926 HARRISON-JONES, INC.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 28 / 26

17- I HEREBY CERTIFY, That I attended deceased from April 18th, 1926 to June 28th 19 26

that I last saw h— alive on June 28th 19 26

and that death occurred, on the date stated above, at 8.20 P.M.

The CAUSE OF DEATH* was as follows:

Paramelymatosis Septicaemia

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Morgan M.D.

6/29/1926 (Address) 401 E. 25 St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL CREMATION OR REMOVAL: Winfall N.C. DATE OF BURIAL: June 30

20-UNDERTAKER. Edmund C. Brinkley ADDRESS Winfall

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12 9-25—A Co.—200 Bks.

E 11988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-002

E 11988

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 Argyle ave St., 17 Ward)

2-FULL NAME Infant Woods

(a) **RESIDENCE NO.** 900 Argyle ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min. 50

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Eugene Woods

11 BIRTHPLACE OF FATHER (city or town) Norfolk Va.
(State or country)

12 MAIDEN NAME OF MOTHER Savannah Gaulding

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Roanoke, Va.

14 Informant Savannah Woods
(Address) 900 Argyle ave

Filed..... 19 .....

JUN 30 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/1926.

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1926 to June 29, 1926

that I last saw h.. alive on June 29, 1926

and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Suffocation

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Difficult Labor

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Joseph H. Pomeroy M. D.

19 26 (Address) 101 Gladstone Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tuberculosis Date of Burial July 1 26

20 UNDERTAKER Samuel Brusley ADDRESS 57 Mulberry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

E 11989

1-PLACE OF DEATH

E 11989

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital, 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vannie Lee

(a) RESIDENCE NO. 535 W. Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colored | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Lee

6 DATE OF BIRTH (month, day, and year): Dec. 27, 1891

7 AGE: 34

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
35	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Post-Office

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Chas. Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Laura Tripp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Della Flowers

(Address): 535 W. Lafayette Ave.

15 Filed ....., 19 ..... Registrar

JUN 30 1926 per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple pistol wounds in body.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gun shot wounds

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Thurston, M. D. (Coroner)

June 28, 1926 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial June 30 1926

20 UNDERTAKER: Wm. J. Cox & Son ADDRESS 140 Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11990

CERTIFICATE OF DEATH.

31 ✓ **E 11990**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2605 Dulaney St. Ward)

2-FULL NAME Addie L. Heinrich

(a) RESIDENCE No. 2605 Dulaney St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Heinrich

6 DATE OF BIRTH (month, day, and year) Nov 21st 1892

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
33	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 31

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Henry Rost

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Pauline Pfeffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Henry J. Rost

(Address) 2605 Dulaney St

15 Filed _____ 19____ Registrar

C. HAMILTON JONES

JUN 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1925 to June 28 1926, that I last saw h__ alive on June 28, 1926, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James F. McStephen, M. D.

6/29 1926 (Address) 1729 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial June 30th 1926

20 UNDERTAKER J. S. Hippert ADDRESS 850 W Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11991 — 1926 — E 11991

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ. Hosp. 27-12 Ward)

2-FULL NAME Peter E. Schumann.

(a) RESIDENCE NO. 48 Southern Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B. Schumann

6 DATE OF BIRTH (month, day, and year): March 27-1896

7 AGE — Years: 30 — Months: 3 — Days: 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Police

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: George Schumann

11 BIRTHPLACE OF FATHER (city or town): Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Gracen

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md

(State or country)

14 Informant: Anna B. Schumann

(Address) 48 Southern Ave

15 Filed JUN 30 1926 19.. Registrar C. E. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, aupsy or inquiry.) I find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Gun shot wound of Mouth

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Shock

(duration) ..... yrs. ..... mos. 1 ds.

Signed June 29/26 C. E. Sadler, M. D. (Coroner)

(Address) 143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: July 2. 1926

20 UNDERTAKER: Wm. Mrs. John H. Teufel & Son — ADDRESS: 801 W. Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11992

CERTIFICATE OF DEATH.

E 11992

74-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1415 N. Ostend St., 21-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Mary T. Adams

(Residence in Baltimore: No. 1415 Ostend St ....St.; yrs.....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 8th (Day) 1861 (Year)

7-AGE. 64 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 031

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Schmidt

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Albertyie Stoff

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grover A. Adams

(Address) 1415 N. Ostend St

15. Filed JUN 30 1926 THOMPSON JONES, M.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28th (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained at said Inquest, and from Autopsy (Autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Acute

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Thos. E. Norton M. D.

June 29th 1926 (Coroner.)

(Address) Curtis Bay,

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. July 1, 1926

20-UNDERTAKER. Mrs. Mrs. John W. Teufel Son — ADDRESS 801 W. Fayette

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11993

CERTIFICATE OF DEATH.

167 E 11993

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 302 S Catherine ST. (or) 10-6 WARD)

2-FULL NAME Clara Emery

(a) RESIDENCE NO. 302 S Catherine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/29-26

7 AGE: Years: Birth 1926 | Months: June | Days: 29th | If LESS than 1 day hrs or min.: 3½

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George C. Emery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Augusta [illegible] 6/29. 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant George C. Emery

(Address) 302 S. Catherine St

15 Filed ..... 19 ..... Registrar

JUN 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29-1926

17 I HEREBY CERTIFY, That I attended deceased from 6/29-, 1926, to 6/29-, 1926

that I last saw h[illegible] alive on 6/29, 1926

and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Encysted Atheroma

Chronic

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical exam.

What test confirmed diagnosis?

(Signed) Chas A Carey M. D.

6/29. 1926 (Address) 2105 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: June 30 1926

20 UNDERTAKER: George L. Schwab — ADDRESS: 201 Fulton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks. Robert Randall

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11994 — CERTIFICATE OF DEATH. 31 — E 11994

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Randall

(a) RESIDENCE NO. 1027 Hooper st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lucille ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to June 26, 1926, that I last saw him alive on June 26, 1926, and that death occurred, on the date stated above, at 10.15 p. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis; T.B peritonitis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) Wm. Lane Jr., M. D.

6-28-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND. JUN 30 1926

Spec.—1-12-23—M&T—500 Bks.

E 11995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11995

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt ST. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert I Oppeman 21 Belmar Ave

(a) RESIDENCE NO. 11 W. Hamilton Ave ST., WARD 21 Belair Avenue Parkesburg

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854 Aug. 14

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John D Oppeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Hosp. Ist Records

15 Filed JUN 30 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-26 19

17 I HEREBY CERTIFY, That I attended deceased from 6-21-26, 19, to 6-28-26, 19,

that I last saw h alive on 6-28-26, 19,

and that death occurred, on the date stated above, at 3 pm m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Appendicitis Arterio Sclerosis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos J Corman M. D.

, 19 (Address) Muir. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	July 1 1926
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fullerton

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU... TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11996

CERTIFICATE OF DEATH.

90 E 11996

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3240 Fait Ave St., 26-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Hampschultz

(a) RESIDENCE NO. 3240 Fait Ave. St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emil Hampschultz.

6 DATE OF BIRTH (month, day, and year): Oct 11-1839

7 AGE — Years: 86 | Months: 8 | Days: 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home 31

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: John Bellebaum

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Theresa Hohnold.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Mary A. Fiser

(Address) 3240 Fait Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar

JUN 30 1926 Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to June 28, 1926, that I last saw her alive on June 28, 1926, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis Atypic.

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Acute nephritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 506 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial July 1 1926

20 UNDERTAKER: Filby & Zeiler ADDRESS 403 S. Wolfe St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every [illegible] of [illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[illegible] state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA[illegible] very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 11997. HEALTH DEPARTMENT—CITY OF BALTIMORE E 11997

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Guilford Ave & 21st St Registered No.

City of BALTIMORE: (No. Home for Incurables St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma Virgate Phipps

(a) Residence No. Home for Incurables St., Ward Wash. D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) ? ? 1852

7-AGE. about 74 yrs. ? mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Indiana

PARENTS.

10-NAME OF FATHER. George T. Virgate

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER, Lucy Collins

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Kentucky

14- (Informant) Home for Incurables

(Address) Guilford Ave & 21st

15- Filed JUN 30 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 29 '26

17- I HEREBY CERTIFY, That I attended deceased from 2-18, 1926 to 6-29, 1926

that I last saw her alive on 6-29, 1926

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (secondary) Chronic Interstitial Nephritis (Duration) over yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam + laboratory test

6/30, 1926 (Signed) P W Bryan M. D. (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Indianapolis Indiana DATE OF BURIAL. June 30 19 26

20-UNDERTAKER. Hughes & Sons Co ADDRESS 440 W Broadway

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 11998 + 49 E 11998

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Schulze

(a) RESIDENCE NO. Quiby, Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. B.C. Schulze

6 DATE OF BIRTH (month, day, and year): Apr., 26, 1862

7 AGE — Years: 64 Months: 2 Days: 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Ballenstedt

(State or country): Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed JUN 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 29, 1926

that I last saw him alive on June 29, 1926

and that death occurred, on the date stated above, at 6:02 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia ?

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes —

What test confirmed diagnosis?

(Signed) Winfield W. Scott, M. D.

, 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredericksburg Date of Burial: 6/30/26

20 UNDERTAKER: Joseph Ahrens ADDRESS: 221 Bway

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11999

E 11999

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 17-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Jones

(a) RESIDENCE NO. 535 Greenwillow ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward Paramore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Parms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant City Hospital Records
(Address)

15 Filed ..... 19 ..... THOMPSON JONES, M. D. Registrar

JUN 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to June 28, 1926,

that I last saw h[illegible] alive on June 28, 1926,

and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Aortic Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lovell, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL June 30/26

20 UNDERTAKER Dennis Easton ADDRESS 916 Eutaw

A.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question must be answered. If information is not known or cannot be obtained, that fact must be stated. PHYSICIANS should be careful to report CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 12000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12000

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [illegible] ST. 134 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Woodward

(a) RESIDENCE NO. 129 Cedar Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Briscoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant City Hospital Records
(Address)

15 JUN 30 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1926

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to June 28, 1926.

that I last saw her alive on June 28, 1926,

and that death occurred, on the date stated above, at 9 15 Am.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted ? if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General & laboratory

(Signed) R. Hampson Smith M. D.

June 29 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	June 30/926
20 UNDERTAKER Daniel Easton	ADDRESS Rec'd 9/16

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12001

CERTIFICATE OF DEATH.

90

E 12001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 530 W. Hoffman St., 17-1 Ward)

2-FULL NAME John Stevens

(a) RESIDENCE NO. 530 W. Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	47 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General Work

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Joseph Stevens

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Martha Reeves

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mary Hall

(Address) 1015 Riggs St.

15 Filed NOV 30 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) and other Lesions

(duration) yrs. mos. ds.

(Signed) C. H. Hampson M. D.

(Coroner)

1/30/1926 (Address) 502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial July 1 1926

20 UNDERTAKER Daniel Easter & Bro ADDRESS 946 ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12002

CERTIFICATE OF DEATH.

E 12002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Penna Ave St. 4-1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susana Butler

(Residence in Baltimore: No. 1607 Penna Ave St.: 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ..., 1850
(Month) (Day) (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), St Mary's Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A Butler (Son)

(Address) 1607 Penna Ave

15-

Filed JUN 30 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1926
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 27 1926, to June 29 1926, that I saw her alive on June 28 1926 and that death occurred, on the date stated above, at 3.10 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J E Dougherty M. D.

June 29, 1926 (Address) 1626 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL July 1 1926

20-UNDERTAKER David Easton ADDRESS 916 Penna

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

E 12003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 55 South Monroe 20-5 Ward)

2-FULL NAME Frank Frederick Sadofsky

(a) RESIDENCE NO. 55 South Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Sadofsky

6 DATE OF BIRTH (month, day, and year) March 23, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J. W. Crook, Co.

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Christian Sadofsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Rosa Sadofsky

(Address) 55 South Monroe Street

15 C. HAMPSON JONES, M. D.

Registrar

Ref

UN 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from May 31 1926 to June 29, 1926 that I last saw him alive on June 29, 1926, and that death occurred, on the date stated above, at 1.30p m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation and Oedema of Lungs

(duration) ✓ yrs. ✓ mos. 4 ds.

CONTRIBUTORY (Secondary) Multiple Neuritis

(duration) ✓ yrs. ✓ mos. 30 ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harry C. Cook M. D.

June 29 1926 (Address) 1203 West Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — Date of Burial July 1, 26

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto St.

P.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Curtis)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12004 E 12004

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Mosher ST. 16-6 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Curtis

(a) RESIDENCE No. 1114 Mosher ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Curtis.

6 DATE OF BIRTH (month, day, and year) Sept 19, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic. 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER John Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Curtis

(Address) 1114 Mosher St

15 C. THOMPSON JONES, M. D. 19

Registrar

N 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1926

17

I HEREBY CERTIFY, That I attended deceased from 6/27, 1926, to 6/29, 1926,

that I last saw h[illegible] alive on 6/29, 1926

and that death occurred, on the date stated above, at 10 20 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Decayed Food (Gross)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burkett, M. D.

6/29 1926 (Address) 2142 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemtery.

DATE OF BURIAL July 2, 1926

20 UNDERTAKER Mrs Jas H. Dennis per T. C. Nelson

ADDRESS 1303 Fleetman St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S certificate of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12005

CERTIFICATE OF DEATH.

124 E 12005

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 15-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris M. Stevens

(a) RESIDENCE NO. 1811 Lorman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	songle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): AUG 12/1922

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	3	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Henry Stevens

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Hattie Price

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md

14 Informant: Hattie Stevens

(Address): 1811 Lorman St

15 Filed 6/30 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 29/2

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hepatic Insufficiency
(Fatty Infiltration-Autopsy at Hopkins Hospital)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Wilson, M. D. (Coroner)

(Address) 508 E. North Ave

6/30/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: July 1 1926

20 UNDERTAKER: Mrs James H. Dennis & Co. ADDRESS: 1303 Pulaski

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Harper

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 12006

E 12006

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 414 E Monroe St. 205 Ward)

2-FULL NAME Sally Harper

(a) RESIDENCE NO. 414 E Monroe St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: h

4 Color or Race: w

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) 6/28/52

7 AGE: Years | Months | Days: 2 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Jos M Harper

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Hopkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Jos. M. Harper

(Address) 1044 Gramby St

C. HAMILTON JONES, M. D.

15 Filed _____ By _____ Registrar

JUL 1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30/26

17 I HEREBY CERTIFY, That I attended deceased from 6/28/26 to 6/30/26, that I last saw h— alive on 6/30/26, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Primary)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY —

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Chas. J. Fenn, M. D.

6/30/26 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hurlock Md — Date of Burial: July 1 1926

20 UNDERTAKER: George L. Schnabel — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Sec.—1-10-21—M&T—1500 Blks.

Hemer

107

HEALTH DEPARTMENT—CITY OF BALTIMORE E 12007

E 12007

100 00

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Helvue Hospital

CITY OF BALTIMORE: (No. Mount & Rutland ST., 73 WARD)

2-FULL NAME Mrs. Henry Hemer

(a) RESIDENCE NO. 710 N. Montford Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Feb 14 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Burner

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Balto Brick Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Hemer

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Magdelene Finnerling

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Anna Lansbey
(Address) 710 N. Montford Ave

Filed JUL 1 1926 C. HAMPSON JONES, M. D. Registrar
Per LHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 20th, 19 26, to June 27th, 19 26,
that I last saw him alive on June 27th, 19 26,
and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Lung abscess (Left)

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Facts.

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL July 6, 19 26

20 UNDERTAKER H. Sanders Sons ADDRESS 1710 Pleas

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12008 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 12008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Jos. Hosp. ST. 125 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Jacobsen

(a) RESIDENCE NO. 718 E. 20th St. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh.	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Laborer~~ Inf

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ~~Laborer~~

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER John Jacobsen

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Loretta O'Connor

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant St. Jos. Hosp.
(Address)

15 Filed JUL 1 1926 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....,
that I last saw h... alive on ....., 19.....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. L. Dalaglacca M. D.

, 19 (Address) 1915 E. 30th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent's — DATE OF BURIAL Jan 30th 1926

20 UNDERTAKER Frank V. Pipitone — ADDRESS 2812 E. Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12009

CERTIFICATE OF DEATH.

162 E 12009

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 W Lexington St 8-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not Named - Baby Wilson

(a) RESIDENCE NO. 904 W Lex St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day 6 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Belton Legion

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Nellie Wilson

13 BIRTHPLACE OF MOTHER (city or town) Norfolk,

(State or country) Va

14 Informant Nellie Wilson

(Address) 904 W. Lexington St.

Filed JUL 1 1926 C. HAMPSON JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Asphyxia Neo

(duration) yrs mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs mos. ds.

(Signed) G C Yates M. D.

(Coroner)

June 30 26 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery Date of Burial July 1, 1926

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

RE 12010 HEALTH DEPARTMENT—CITY OF BALTIMORE RE 12010

CERTIFICATE OF DEATH. + 176

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Agnes Imhoff.

(a) RESIDENCE NO. 5 Stevens Ave Arbutus, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 8 mos. one week ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J Imhoff

6 DATE OF BIRTH (month, day, and year) Mar 30/1888

7 AGE — Years: 38 — Months: — — Days: — — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto Co (State or country) Md

PARENTS

10 NAME OF FATHER Samuel J Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine E Hickey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Frank Imhoff 5 Stevens Ave Arbutus Md

Filed JUL 1 - 1926 C. HARPSON JONES, Registrar

Per EHC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-23, 19 , to 7-1, 1926, that I last saw her alive on 7-1, 1926, and that death occurred, on the date stated above, at 3.55 9. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/29/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Theron Hunter M. D.

7/1/1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cathedral Cemetery — DATE OF BURIAL: July 5 1926

20 UNDERTAKER: Harry Annacock — ADDRESS: 4204 Ridgewood Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

R E 12011

CERTIFICATE OF DEATH.

90 E 12011

1-PLACE OF DEATH 37 Lepton Ave. REGISTERED NO.

CITY OF BALTIMORE: (No. 37-11 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wellesin C. Carter

(a) RESIDENCE. NO. 37 Lepton Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE: Years 74 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 886

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachael Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Laura J. Carter
(Address) 37 Lepton ave.

15 Filed ..., 19 ...

Registrar C. HAMPSON JONES, M. D.

JUL 1 - 1926 Per GMG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/26

17 I HEREBY CERTIFY, That I attended deceased from 6/11, 1926, to 6/29, 1926, that I last saw h[illegible] alive on 6/29/26, 19..., and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Primary Cause-Unknown

Myocarditis with Cardiac Decompensation (duration) yrs. 2 mos. yrs

CONTRIBUTORY (Secondary) Hypertension Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hyla W. Holley M. D.

, 19 (Address) 5012 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bliss Cemetery — DATE OF BURIAL: July 2 1926

20 UNDERTAKER: Mrs. Albert E. Fuller — ADDRESS: 4804 Harford Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12012

E 12012

45

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 ~ Paca St., 22-1 Ward)

2-FULL NAME Sallie E Shawacre

(a) RESIDENCE NO. 627 ~ Paca St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 22-1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Candy Industry

(c) Name of employer Blue Ribbon Candy Co

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Michael Shawacre

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore. Md

12 MAIDEN NAME OF MOTHER Anna Little

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Washington, D. C.

14 Informant Mrs. Anna M. Shawacre

(Address) 627 ~ Paca St.

Filed JUL 1 - 1926 C. HAMPSON JONES, M. D. Registrar

Per Hastie

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 28th 1926, to June 29th 1926, that I last saw her alive on June 9th 1926, and that death occurred, on the date stated above, at 1:20 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonal obstruction & Uremia

(duration) yrs. mos. 1 ds.

Is Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Poulton, M. D.

6/30/ 1926 (Address) 3904 Lawson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Date of Burial July 2 1926

20 UNDERTAKER Wm J Lichtenstein & Son ADDRESS Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 12013 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Widmeyer

(a) RESIDENCE NO. Berkeley Springs WARD West Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Widmeyer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Rev. Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wva

12 MAIDEN NAME OF MOTHER Betsie Rockwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wva

14 Informant Husband of Deceased

(Address)

Filed JUL 1 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 6-21-26 to 7-1 1926, that I last saw her alive on 7-1 '26, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Fundus Bladder

Partial intestinal Obstruction

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia (duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 29-26

Was there an autopsy? No

What test confirmed diagnosis? Phy. findings

(Signed) Edwin M. Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Berkeley Springs W. Va. DATE OF BURIAL JUL 1 - 1926 19

20 UNDERTAKER Geo W. Little ADDRESS Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12014

E 12014

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3303 (St.) Edmondson Ave (Ward) 20-1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rosella Brown

(a) RESIDENCE No. 3303 ST., Edmondson Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word) Widow.

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Rev Lewis L. Brown

6 DATE OF BIRTH (month, day, and year) July 26-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Co (State or country) Md

PARENTS

10 NAME OF FATHER Elijah Gore

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Md

12 MAIDEN NAME OF MOTHER Nancy —

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

14 Informant Clarence D Gore

(Address) 3303 Edmondson Ave

Filed JULY - 1926 C. HAMPSON JONES, M.D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 26

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to June 24, 1926, that I last saw h[illegible] alive on June 24, 1926, and that death occurred, on the date stated above, at 1130p m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder.

over

(duration) yrs. 6 mos 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Non Date of .....

Was there an autopsy? None

What test confirmed diagnosis? Sigmoidoscopic Examination

(Signed) A. J Daniel, M. D.

6-28-1926 (Address) 800 W 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lone Chapel Cem

DATE OF BURIAL July 1- 1926

20 UNDERTAKER Nathaniel Gore

ADDRESS 1923 Eden St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 12015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12015

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 926 N. Fulton St. 16-4 Ward)

2-FULL NAME Mrs Ada L. Burns

(a) RESIDENCE NO. 926 N. Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hugh Burns Dec'd.

6 DATE OF BIRTH (month, day, and year): Oct 18, 1873

7 AGE — Years: 52 — Months: 8 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Bel Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Townsend Currier

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary A Moore

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Eugene Burns

(Address): 926 N. Fulton Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 29 26

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to June 29, 1926, that I last saw h.. alive on June 29, 1926, and that death occurred, on the date stated above, at 6.5 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain. Apoplexy

Sanguinis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nursing & Laudanum

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) E. Schmidt, M. D.

19 (Address) 1626 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wood Lawn Cemetery — Date of Burial: July 2 1926

20 UNDERTAKER: Robt J Turner — ADDRESS: 847 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12016 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12016

32

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene 16-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Reed

(a) RESIDENCE NO. 907 Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jun 2 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt (State or country) Md.

PARENTS

10 NAME OF FATHER George Reed

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Alice Cure

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant University Hospital (Address)

15 1926 19 JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 12 19 26 to June 29 19 26

that I last saw him alive on June 29 19 26

and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

L.S. Meningitis with Hydrocephalus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) W.K. Krotts, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 1 1926
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 1725 Madison Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

L1

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12017

CERTIFICATE OF DEATH.

31 E 12017

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 211 N. Bond ST. 6-1 WARD)

2-FULL NAME Lena Eugenia P. Harris

(a) RESIDENCE No. 211 N. Bond ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: alexander harris

6 DATE OF BIRTH (month, day, and year): 1. april 1885

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): vaughan N. C

PARENTS

10 NAME OF FATHER: Jesse Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C

12 MAIDEN NAME OF MOTHER: Clarice Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C

14 Informant: alexander harris
(Address) 211 N. Bond st

15 Filed JUL 1 - 1926 C. HAMPTON JR. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10-16, 1925, to 6-28, 1926 that I last saw her alive on 6-28, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller, M. D.

, 19 (Address) 1550 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vaughan N. C — DATE OF BURIAL: June 1, 1926

20 UNDERTAKER: Edward Bryson — ADDRESS 1681 orleans st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12018 — **CERTIFICATE OF DEATH.** — **E 12018**

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1000 Stirling ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Rossiter

(a) RESIDENCE NO. 1000 Stirling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct. 1885

7 AGE — Years: 40 — Months: 8 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer): 059

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John Rossiter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Naomi Rossiter

(Address) 1000 Sterling st

JUL 1 - 1926 Filed — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 29, 1926, that I last saw him alive on June 29, 1926, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(duration) ? yrs. ? mos ?. ds.

CONTRIBUTORY (Secondary): Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) L. McCarthy, M. D.

July 2nd 1926 (Address) 1114 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 27 1926

20 UNDERTAKER: Geo M. Funk & Son — ADDRESS: 811 N Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12019

CERTIFICATE OF DEATH.

118-02 E 12019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 700 S. Luzerne Ave ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOHN T. ZAMENCKI,

(a) RESIDENCE NO. 700 S. Luzerne Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	White,	Single,

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 20-1913.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	12	6	11	
	13	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) MD.

PARENTS

10 NAME OF FATHER Vincent K. Zamencki,

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) MD.

12 MAIDEN NAME OF MOTHER Johanna Szczublewska,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) MD.

14 Informant Vincent K. Zamencki
(Address) 700 S. Luzerne Ave

15 Filed JUL - 1926 C. HAMPSON JONES, M. D.
Registrar
By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I attended deceased from June 26. 1926. to July 1. 1926.
that I last saw him alive on June 30. 1926.
and that death occurred, on the date stated above, at 1.10 A. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Peritonitis - Strangulation of Intestine (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr E J W Kennard M. D.

7-1. 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. — DATE OF BURIAL July 6 1926.

20 UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann St

Spec.—1-12-23—M&T—500 Bks.

Teokadia Janaszak See letter in file 2-10-26. 244

E 12020

92

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12020

111-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 4th WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Teokadia Janaszak,

(a) RESIDENCE No. 711 S. Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic - Do

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant St Joseph's Hospital (Address) Record

15 Filed ..... 19 ..... C. HAMPSON JONES, ... Registrar

Per KK

JUL 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24th 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 26th, 1926, to June 29th, 1926.

that I last saw her alive on June 29th, 1926.

and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

1 Perforated Epithelioma

2 Generalized Peritonitis

(duration) Unknown

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) Unknown

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6/26/26

Was there an autopsy? No.

What test confirmed diagnosis? Operation —

(Signed) E. M. K. Hodes, M. D.

6/29, 19 26 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL July 2 1926

20 UNDERTAKER J. W. Ozazewski

ADDRESS 1930 Eastern Ave

Notice should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12021

CERTIFICATE OF DEATH.

57

E 12021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 Hawthorne Rd ST., 27-6 (WARD) Forest Park.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Wagner

(a) RESIDENCE NO. 326 Hawthorne Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Wagner

6 DATE OF BIRTH (month, day, and year): Jan 25, 1857

7 AGE — Years: 69 — Months: 5 — Days: 5 — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wholesale

(b) General nature of Industry, business, or establishment in which employed (or employer): Grocer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: August Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Susan Gatteri

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Harriet E Wagner

(Address): 326 Hawthorne Rd

15 Filed JUL 1 - 1926 By C. HAMPSON JONES, M. D. Registrar Per R.A.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30 1926.

17 I HEREBY CERTIFY, That I attended deceased from December, 1916, to June 30, 1926.

that I last saw him alive on June 30th, 1926.

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Artery Occlusion

(duration) yrs. mos 10 da

CONTRIBUTORY (Secondary): Angina Pectoris, Hebetude.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Four years.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Investigation.

(Signed) Capt. U.S. Training Det. T. M. D.

7/4/26 (Address) 9 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Ridge Cem

DATE OF BURIAL: 7/2 1926

20 UNDERTAKER: George J. Smith

ADDRESS: 153 Hollins Av

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

E 12022

CERTIFICATE OF DEATH.

E 12022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Balt. Gen. Hosp.

CITY OF BALTIMORE: (No. Raynor Ave & Oakland St. 73-V WARD)

2-FULL NAME Mr. Samuel Mazer,

(a) RESIDENCE NO. 113 W. Clement ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., If of foreign birth? 20 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Mazer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie Vershinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Mazer

(Address) 248 Orchard Ave

15 Filed JUL 1 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to July 1, 1926,

that I last saw him alive on July 1 1926,

and that death occurred, on the date stated above, at 12:05 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) — yrs. — mos 21 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) R. Franken, M. D.

7/1, 1926 (Address) West Balto. Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 7/2 1926

20 UNDERTAKER Sol Linson + Bro

ADDRESS 1127 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12023

CERTIFICATE OF DEATH.

REGISTERED NO. E 12023

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Hammond

(a) RESIDENCE NO. 1307 Linden Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 6, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Misc. Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore County, Md.

PARENTS

10 NAME OF FATHER John D. Hammond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Frederick County, Md.

12 MAIDEN NAME OF MOTHER Mary A. Kemp,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard County, Md.

14 Informant William F. Hammond

(Address) 2524 Saint Paul Street

15 Filed....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

about 2
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hemming M. D.
(Coroner)

June 30, 1926 (Address) 2802 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial July 2 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Eutaw St

INSTRUCTIONS.—WRITE CAREFULLY WITH INDELIBLE INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12024

CERTIFICATE OF DEATH.

14-001

E 12024

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore and Payson Sts.

City of BALTIMORE: (No. German Aged Home St., 26-5 Ward)

2-FULL NAME Wilhelm Hahn

(a) RESIDENCE NO. German Aged St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): February 7th 1839

7 AGE: Years 87 | Months 4 | Days 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER: Christian Hahn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Maria Gutekler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Records German Aged Home

(Address) Balto and Payson Sts

15 Filed JUL 1 - 1926 CHAMPION JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 28th, 1926, to June 30th, 1926,

that I last saw him alive on June 29, 1926,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hoff M. D.

June 30, 1926 (Address) 1843 N Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial July 2nd 1926

20 UNDERTAKER: Joseph B. Cook ADDRESS 1003 N. Balto St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12025

E 12025

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 St. [illegible] Ward) 22-6

2-FULL NAME Miss Lydia Wiederhold

(a) RESIDENCE NO. Roland & Forks aves. St., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Conrad Wiederhold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine E. Loewer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward H. Wiederhold
(Address) 150 North Gay Street

15 Filed JUL 1 - 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1926. to June 30. 1926.

that I last saw her alive on June 30 1926.

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH was as follows:

Acute Hemorrhagic Nephritis

(duration) yrs. about 14 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) about 10 mos. X ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jarrell, M. D.

June 30 1926 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL July 3 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Calvert St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12026

CERTIFICATE OF DEATH.

100,001

E 12026

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Edmonson Ave ST.) (WARD 3)

2-FULL NAME Othsen Lorena Mayhall

(a) RESIDENCE NO. 819 Edmonson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 4th 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto City (State or country)

PARENTS

10 NAME OF FATHER Bryant Mayhall

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country)

12 MAIDEN NAME OF MOTHER Mandy Rawlings

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant (Address) Bryant Mayhall 819 Edmonson Ave

15 Filed , 19 Registrar

J. HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30th 1916

17 I HEREBY CERTIFY, That I attended deceased from June 26th 1916 to June 30th 1916

that I last saw h alive on June 27th 1916

and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Measles.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? By Clinical

What test confirmed diagnosis?

(Signed) H. Lee Chisolm, M. D.

(Address) 724 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL July 1st 1916

20 UNDERTAKER Daniel Conlon ADDRESS 916 Ba ave.

1 - 1916

INSTRUCTIONS. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12027

CERTIFICATE OF DEATH.

34 E 12027

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Durnington

(a) RESIDENCE No. 612 Mosher st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Durnington

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Catharine Day

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed JUL 1 - 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1924, to June 30, 1926, that I last saw h er alive on June 30, 1926, and that death occurred, on the date stated above, at 7.40 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of spine and hip.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General amyloidosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M. C. Fallon M. D.

7-1-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL July 2/1926

20 UNDERTAKER Daniel Eaton

ADDRESS 916 Penna ave

Attention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

LaBarr.

E 12028

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 118-001 E 12028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE (No. 1526 Division St., WARD 14-1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary La Barr

(a) RESIDENCE NO. 1526 Division St. ST., WARD D C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2/ ds. How long in U. S., If of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Black.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Labarr

6 DATE OF BIRTH (month, day and year) Jany 1-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59		5	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) D C

(State or country)

PARENTS

10 NAME OF FATHER John H Evans

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Nancy Melvin

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Benj Labarr

(Address) 1526 Division St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30-1926

17

I HEREBY CERTIFY, That I attended deceased from 6-27-, 1926, to 6-30-, 1926,

that I last saw her alive on 6-27-, 1926,

and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Hernia)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Non Pulmonic

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Complication of intestinal obstruction

Did an operation precede death? Date of 6-27-26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + P.

(Signed) H. Bonyandt M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL July 2/1926

20 UNDERTAKER Dan'l Easter

ADDRESS 916 Park

Cor. 12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12029

CERTIFICATE OF DEATH.

90 E 12029

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 833 China St. St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ward.(C)

(a) RESIDENCE NO. 833 China St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 15, 1904.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cambridge Md.

PARENTS

10 NAME OF FATHER Charles Stanley(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Cambridge, Md.

12 MAIDEN NAME OF MOTHER Mary Ward.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cambridge, Md.

14 Informant Clarence Cornish.C. (brother)

(Address) 785 1/2 N. Saratoga St.

15 Filed ..... 19 .....

JUL 1 - 1926 RM Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Bernhardt M. D.

(Coroner)

7/1, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 3 July 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Penna Ave

(Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

E 12030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12030

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2514 Greenmount Ave St., 17-4 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Genitile

(Residence in Baltimore: No. Thomas West Virginia St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown ..... 1..... (Month) (Day) (Year)

7-AGE. 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE. (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Mario Flando

11-BIRTHPLACE OF FATHER. (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mario Genitile

(Address) Thomas W. Va

15- Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

JUL 2 - 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 1 (Day) 192.6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paleness
Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

7/10 192.6 (Address) 3 & 32 Poland

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Thomas W Va DATE OF BURIAL. July 3 1926

20-UNDERTAKER. W. M. Cook ADDRESS 502 E. Northern

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-225—A Co.—200 Bks.

1926 E 12031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 12031

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 13-4 Ward)

2-FULL NAME William Bubb.

(a) RESIDENCE NO. 1454 W 36th St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb 22 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) ....

(State or country) Md.

PARENTS

10 NAME OF FATHER Paul William Bubb

11 BIRTHPLACE OF FATHER (city or town) ....

(State or country) Md.

12 MAIDEN NAME OF MOTHER Edith Brock

13 BIRTHPLACE OF MOTHER (city or town) ....

(State or country) Penn

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JUL 2 - 1926 C. HAMILTON JONES, M. D. Registrar

Per GKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 1st, 1926,

that I last saw h alive on July 1st, 1926,

and that death occurred, on the date stated above, at 5-30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) ....yrs. 8 mos. ....ds.

18 Where was disease contracted Home

If not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) Alexander J. Stauffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary's Hampden Date of Burial July 3 1926

20 UNDERTAKER Chenoweth Allen ADDRESS 3617 Chestnut Ave

Do not write in this space. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12032 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Baldwin St. 13 WARD)

2-FULL NAME Catherine Lena Beaver

(a) RESIDENCE NO. 1536 Baldwin ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Work

(b) General nature of industry, business, or establishment in which employed (or employer) 046

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles Cassard

(Address) 1536 Baldwin St

15 Filed JUL 2 1926 19 HARRISON JONES, Registrar

Per GHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1926, to June 30, 1926

that I last saw h[illegible] alive on June 29, 1926

and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Breast

Spine & Kidneys Secondary

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Malaria

(duration) yrs. 3 mos. 29 ds.

18 Where was disease contracted if not at place of death? Hutzebreast St Dock.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs

(Signed) C F Campbell M. D.

6/30 26 (Address) 3701R-Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden

DATE OF BURIAL July 3 1926

20 UNDERTAKER Chenowith & Son

ADDRESS 3614 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12033

CERTIFICATE OF DEATH.

E 12033

13-4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Chestnut Ave ST.; WARD)

2-FULL NAME Susann Streaker

(a) RESIDENCE NO. 3406 Chestnut Ave ST.; WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Edward F. Streaker

6 DATE OF BIRTH (month, day, and year) Feb 20 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	69	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Allison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Moffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Howard E. Streaker
(Address) 3406 Chestnut Ave.

15 Filed JUL 2 - 1926 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to June 30, 1926.

that I last saw h alive on June 30, 1926.

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray —

(Signed) Wm. O. Moffett M. D.

July 1, 1926 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forestland Balto DATE OF BURIAL July 3 1926

20 UNDERTAKER Chenowith & Son ADDRESS 367 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12034

E 12034

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH Edmondson Ave between Hilton & Fulton

City of BALTIMORE: (No. 1116 Ward 8th) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Annie Smith

(Residence in Baltimore: No. 1027 N. Stricker St., 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Dec — 1881 (Month) (Day) (Year)

7-AGE, 44 yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Marcus Jessups

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah Smith

(Address) 1027 N. Stricker St.

15-

Filed ..... 192.. C. HAMPSON JONES, M. D., Registrar.

JUL 2 - 1926 Per GHG

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Struck by Street Car at once

(Duration) ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D. (Coroner)

July 1 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Bacto. M2

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, July 2 1926

20-UNDERTAKER, Tim P. Chase & Son ADDRESS 1400 Mosher St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--1-10-21 M&T 1500 Bks.

E 12035 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12035

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 14 E Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Rosenberg

(a) RESIDENCE NO. 2009 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rosenberg

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hana Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Rosenberg

(Address) 1356 Druid Hill Ave

15 Filed JUL 2 - 1926 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-16, 1926, to 7-1, 1926,

that I last saw him alive on 7-1, 1926,

and that death occurred, on the date stated above, at 6 hrs 1 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clin Signs + Symptoms

(Signed) Victor Seligman M. D.

, 19 (Address) Hebrew

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rod. Pool

DATE OF BURIAL 7/4/26

20 UNDERTAKER Jack Levin

ADDRESS 1439 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Holanski

E 12036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12036

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Rutland Ave & Monument ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Holanski

(a) RESIDENCE No. 906 Whitelock ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Holinski

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1739 E Baltimore

15 Filed ....., 19 C. J. WILLIAMSON JONES, M. D.

Per EK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1- 1926

17

I HEREBY CERTIFY, That I attended deceased from 6/20, 1926, to 7/1, 1926,

that I last saw him alive on July 1, 1926,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Gangrene of Left lower extremity.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia 9 days

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 6/26/26

Was there an autopsy? no

What test confirmed diagnosis? Lab & clinical

(Signed) L Andrew Linde, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Av	July 2 1926
20 UNDERTAKER Jack Lewis	ADDRESS 1739 E Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12037

CERTIFICATE OF DEATH.

188-008

E 12037

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-3 Ward)

2-FULL NAME Charles Eckstein

(a) RESIDENCE NO. 623 N. Port St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabetg Eckstein

6 DATE OF BIRTH (month, day, and year) Aug 10-1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Jno A.Geplein

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country)

12 MAIDEN NAME OF MOTHER Unkbown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

14 Informant Richard Mangles
(Address) 3424 Fait Ave

15 Filed _____ 19 C. HAMPSON JONES, Registrar
Per GKL

JUL 2 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia-Fractured Skull
Accident-walked into horse & wagon
June 26/26 at Orleans & Chester Sts

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Falkenau, M. D.
(Coroner)

6/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem Date of Burial July 4 1926

20 UNDERTAKER Grikler + Grikler ADDRESS 1739 E. Eager St

This should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12038

CERTIFICATE OF DEATH.

188-001

E 12038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Gorder Pa. RR 1726 Ward)

2-FULL NAME Mrs F. Matthews

(a) RESIDENCE NO. Joppa Road — St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Matthews

6 DATE OF BIRTH (month, day, and year): Aug 18, 1885

7 AGE — Years: 40 — Months: 10 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Caller/Crew

(b) General nature of industry, business, or establishment in which employed (or employer): RA. RR.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balt

PARENTS

10 NAME OF FATHER: M. Matthews

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Bounds

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Sadie Matthews

(Address): 13 Joppa Road

15 Filed ..... 19 ..... C. HARRISON ..... Registrar

JUL 2 - 1926

Per E.K.G.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Internal and external injuries caused by being run over by Rd. R.R. train at Union Station (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) M. Whitney M. D. (Coroner)

July 19 26 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: July 3 1926

20 UNDERTAKER: W. M. Cook — ADDRESS: 522 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 12039

E 12039
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 724 Goundale Ct. St.) (17th Ward)

2-FULL NAME Elenora Williams

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 724 Goundale Ct. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE — Years: 50 — Months: unknown — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town): St Marys Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Isaac Briscoe

11 BIRTHPLACE OF FATHER (city or town)

(State or country): St. Marys Co.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mary Dagan

(Address): 653 N Galway St.

15 Filed ..... 19 .....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/19/26

17

I HEREBY CERTIFY, That I attended deceased from May 10 1926 to June 19, 1926, that I last saw her alive on June 18, 1926, and that death occurred, on the date stated above, at 1030 P.M.

The CAUSE OF DEATH* was as follows:

Bright's disease

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Edw. Gruett, M. D.

6/21, 1926 (Address) 910 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial: July 2 1926

20 UNDERTAKER: Samuel Stemley ADDRESS: 538 N Eddle

CAUTION—Physicians and others are warned against making any false statement in this certificate. Any person willfully making a false statement in this certificate shall be guilty of a misdemeanor. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12040 HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

CERTIFICATE OF DEATH.

E 12040

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 26th WARD)

2-FULL NAME Rev Father Mary Dorsey

(a) RESIDENCE NO. Mt Hope Retreat ST. 25th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
abt	52	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest - R. Catholic

(b) General nature of industry, business, or establishment in which employed (or employer): Church work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Daniel Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?) Md

12 MAIDEN NAME OF MOTHER: Emma Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): (?) Md.

14 Informant: Records of Mt Hope Retreat

(Address): Mt Hope Md

15 Filed ....., 19.... C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30 1926

17 I HEREBY CERTIFY, That I attended deceased from May 22nd, 1926, to June 30, 1926,

that I last saw h in alive on June 30, 1926

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis - Hemiplegia L. Side -

abt (duration) 0 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary) Dept. Typhoid

abt (duration) 0 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral DATE OF BURIAL July 3rd 1926

20 UNDERTAKER: Gaynor & Hughes ADDRESS: Mt Hope Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

12-1926

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12041

CERTIFICATE OF DEATH.

E 12041

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 7-3 WARD)

2-FULL NAME James A. Dignan

(a) RESIDENCE NO. 1000 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane A Dignan

6 DATE OF BIRTH (month, day, and year) Nov 16 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jerome Dignan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant B Baker (Address) 1021 E Madison St

15 Filed [illegible] E. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1926, to June 29, 1926, that I last saw h[illegible] alive on June 29, 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis with Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Clement R. Manoak M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	7-3 1926

20 UNDERTAKER E B Baker ADDRESS 115-121 E Madison St

SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12042

E 12042

40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1907 Wheeler ST. 15 WARD)

2-FULL NAME John Edwin Davis

(a) RESIDENCE. NO. 1907 Wheeler ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 4, 1906

7 AGE — Years: 19 — Months: 10 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William W Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret J Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: William W. Davis
(Address): 1907 Wheeler Ave

JUL 2 - 1926

H. HAMPSON JONES, M. D.
Registrar

Per GKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1922, to June 30, 1926.

that I last saw h. alive on June 30, 1926.

and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) H. T. Hemming, M. D.

6/30 1926 (Address) 1707 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 3 1926

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 12043 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12043

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Southern Hospital St.; 12-4 WARD) REGISTERED NO. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Drysdale

(Residence in Baltimore: No. Southern Hospital St.; 2 yrs., 10 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, about Dont Know (Month) (Day) 1836 (Year)

7-AGE, 90 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) NO

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, — Ratigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Drysdale

(Address) 1720 Linden Av

15- Filed JUL 2 - 1926, 191 C. HAMPSON JONES, M. D. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1926, to June 30 1926, that I saw her alive on June 30 1926, and that death occurred, on the date stated above, at 6:10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Kinzer M. D.

6/30, 1926 (Address) 2700 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 10 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence At home at Hospital

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, July 3, 1926

20-UNDERTAKER STEWART & BOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1816 W Lombard

E 12044

CERTIFICATE OF DEATH.

REGISTERED NO. E 12044

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie E Hudson

(a) RESIDENCE NO. 723 S Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Hudson

6 DATE OF BIRTH (month, day, and year): October 2 1897

7 AGE: Years 29 | Months 8 | Days 296 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Bernard Carey

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Rhoda Morgan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore Maryland

14 Informant: Joseph Hudson

(Address) 723 S Bond

15 Filed July 2 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I attended deceased from June 28 1926, to July 1, 1926

that I last saw h[illegible] alive on July 1, 1926

and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) Anasarca

(duration) .....yrs. .....mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Adams, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Date of Burial July 3 1926

20 UNDERTAKER: Wendell Duffy & Son ADDRESS 378 N

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12045

CERTIFICATE OF DEATH.

90

E 12045

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3102 Auchentoroly St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lena Morris

(a) RESIDENCE NO. 3102 Auchentoroly St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. D. Morris

6 DATE OF BIRTH (month, day, and year): Sept 11th 1847 Exact date Not Known

7 AGE — Years: 81 | Months: 10 | Days: 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): For Family

(c) Name of employer: —

9 BIRTHPLACE (city or town): Downing Town

(State or country): Eng.

PARENTS

10 NAME OF FATHER: Jno Prentice

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Eng.

12 MAIDEN NAME OF MOTHER: Thornton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): England

14 Informant: Mrs Geo F. Mansfield

(Address): 3102 Auchentoroly St.

Filed 12-1926, 19____ C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 1st 26

17

I HEREBY CERTIFY, That I attended deceased from May 15 1926, to July 1st 1926, that I last saw her alive on June 30, 1926, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Functional Heart disease due to age &c.

(duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Bowel trouble of 1 yr. Had very irregular in action

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) C. H. Smith, M. D.

1926 (Address) 1605 N. Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: 7/3, 19 26

20 UNDERTAKER: Henry V. Mears & Son ADDRESS: 805 N. Calvert

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Vew 1170

Spec.—1-10-21—M&T—1500 Bks.

E 12046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12046

CERTIFICATE OF DEATH.

+ 91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Sarah Furlong

(a) RESIDENCE NO. 16 Riddle Ave Wilmington Del. WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Rev. Ed. A. McAteer

(Address) 16 Riddle Ave Wilmington Del

15 Filed JUL 2 1926 19 C. HAMPSON JONES, M. D. Registrar

Per Hasse

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2- 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-21 .1926. to 7-2 .1926.

that I last saw her alive on 7-2 .1926,

and that death occurred, on the date stated above, at 9 15 a.m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Examination

(Signed) J. Sheron Hunter M. D.

7/2 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del

DATE OF BURIAL 7/5 1926

UNDERTAKER Chas F. Crowe & Son

ADDRESS 1180 N. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12047

CERTIFICATE OF DEATH.

172 E 12047

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. (Mercy Hospital St., 11-2 Ward)

2-FULL NAME Alice M. Miller

(a) RESIDENCE NO. 5-24 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Miller

6 DATE OF BIRTH (month, day, and year) July 22 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Interior Decorator

(b) General nature of industry, business, or establishment in which employed (or employer) 053

(c) Name of employer

9 BIRTHPLACE (city or town) Colorado

(State or country) Town Col

PARENTS

10 NAME OF FATHER Detal Rhunger

11 BIRTHPLACE OF FATHER (city or town) Pa

(State or country)

12 MAIDEN NAME OF MOTHER Ida Wood

13 BIRTHPLACE OF MOTHER (city or town) N.Y.

(State or country)

14 Informant Mrs. Flora E. Reed

(Address) 5-24 N. Charles St

15 Filed ..... 19 ..... C. HAMPSON JONES,

Per ..... Registrar

DEC 2 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pract. leg a. fibs - Caused by jumping from Window Mercy Hospital Suicide

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

July 1 1926 Address 1659 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Date of Burial July 2 1926

20 UNDERTAKER George A. Farley ADDRESS Fulton & Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12048

CERTIFICATE OF DEATH.

E 12048

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital—

City of BALTIMORE: (No. 3-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Benston

(a) RESIDENCE NO. 136 South Bond St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Black,

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Samuel Benson

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: 33 (34) | Years: 33 yr. | Months: | Days: | IF LESS than 1 day.....hrs. or.....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): St. Michaels

(State or country): Md

PARENTS

10 NAME OF FATHER: Henry Hopkins

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Davis

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mary Hopkins

(Address): 136 Bond St.

Filed JUL 2 - 1926 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/1 1926.

17 I HEREBY CERTIFY, That I attended deceased from 6/25, 1926, to 7/1, 1926, that I last saw her alive on July 1st, 1926, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Syphilis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hospital Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Michaels Md. Date of Burial July 4 1926

20 UNDERTAKER: Chris. H. Johnson ADDRESS 416 N. Caroline St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 12049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12049

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 N Pop- St., 18-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Holmes

(a) RESIDENCE NO. 310 N Pop- St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Holmes

6 DATE OF BIRTH (month, day, and year): ? 1880

7 AGE: Years 46; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs Mary Bryant

(Address): 764 Wareham St

15 Filed_____ 19____ C. HAMPSON JONES, M. D.

Registrar

Per_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

July 2 1926 (Cor.) M. D.

19 (Address) 1143 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Whitestone Lamartine St. Date of Burial 7/2/1926

20 UNDERTAKER: George F. A. Liken ADDRESS: 1735 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 12050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12050

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. St. Josephs Hosp N-2 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Boleslaw Maleszewski

(a) Residence No. 513 S. Regester St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 27 26

7-AGE. ..... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town). Baltimore
(State or Country).

PARENTS.

10-NAME OF FATHER. Julian

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Mary Osiecka

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Poland.

14- (Informant) Julian Maleszewski
(Address) 513 S. Regester St

JULY - 1926

15- Filed ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/2/26

17- I HEREBY CERTIFY, That I attended deceased from June 27 1926 to July 1 1926

that I last saw h[illegible] alive on July 1, 1926

and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Andrew Rundorf M. D.

July 2, 1926 (Address) 3539 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. July 2 1926

20-UNDERTAKER. J. N. Szczeniski

ADDRESS 1930 Eastern Ave

In printing, be sure to use proper diacritical marks. Exact compliance of 3000 Articles is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12051
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12051
REGISTERED NO.

City of BALTIMORE: (No. 2010 Gorland St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara M. Stetka

(a) RESIDENCE NO. 2010 Gorland a St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stetka

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establisment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Sticha

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Catharine Kubes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Sylvia Stetka

(Address) 2010 Gorland a

Filed JUL 2 1926 HAMPSON JONES, C.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 2, 1926, that I last saw h.. alive on July 2, 1926, and that death occurred, on the date stated above, at 12-35 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Wilbur J. Gould, M. D.

(M. D. Address) 1010 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Date of Burial July 4 1926

20 UNDERTAKER Frank Cook & Son ADDRESS 1906 Eutaw

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12052

1-PLACE OF DEATH

City of BALTIMORE: (No. 811 N. Carey St., Ward)

2-FULL NAME Emil Koutek

(a) Residence No. 811 N Carey St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Wht

5-Single, ~~Married,~~ ~~Widowed,~~ or ~~Divorced,~~ (Write the word.)

5-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 2 1920

7-AGE, 5 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emil Koutek

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Julia Ulbir

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14-

(Informant) Emil Koutek

(Address) 811 N. Carey St.

15-

Filed GEO. HAMPSON JONES, Registrar.

JUN 2 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 30 26

17- I HEREBY CERTIFY, That I attended deceased from June 29 1926 to July 30 1926

that I last saw h alive on June 30 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Coba Anemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilat

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) Wm J Kroomell M. D.

June 1 19 (Address) 811 N Carey

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 3, 1926

20-UNDERTAKER, Frank Ewell Son — ADDRESS 1916 Eutaw

instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

Pajer

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

31

E 12053

CERTIFICATE OF DEATH.

E 12053

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 825 N Madeira St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pajer

(a) RESIDENCE NO. 825 N. Madeira St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Pajer

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 46 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Frank Bare

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Reisinger

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bohemia

14 Informant: Rose Gosher

(Address): 825 N Madeira St

15 Filed ..... 19 ..... Registrar

JUL 2 - 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to July 1st, 1926, that I last saw h[illegible] alive on June 30, 1926, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Lucien L. Dodd M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: July 3 19 26

20 UNDERTAKER: Frank Erickson — ADDRESS: 1916 E Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12054

CERTIFICATE OF DEATH.

100.001

E 12054

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 N. Castle St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Kolschowsky

(a) Residence No. 509 N. Castle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Michael Kolschowsky

6-DATE OF BIRTH (month, day and year) March 17-1855

7-AGE. 71 yrs. 3 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo. A. Koons

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Gertrude Shaw

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Lindsay Kolschowsky

(Address) 205 S. Kenwood Ave

15- Filed JUL 2 - 1926 HAMPSON JONES, M. D. Registrar.

P.&I.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 30, 1926

17- I HEREBY CERTIFY, That I attended deceased from June 26 1926 to June 30 1926 that I last saw h. alive on June 30, 1926 and that death occurred, on the date stated above, at 6-15 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Cook M D

7/1, 1926 (Address) 413 N. Rosemont

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL. July 2, 1926

20-UNDERTAKER. Lilly and Zeiler ADDRESS 403 S. Wolfe St.

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12055

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 420 Cedarcroft Rd ST. 77-7 WARD)

2-FULL NAME Edward Burneston Owens

(a) RESIDENCE No. 420 Cedarcroft Rd ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? 82 yrs. 1 mos. 26 ds.

90 E 12055
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Kate Casey and Owens

6 DATE OF BIRTH (month, day, and year) May-5-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edw. F. Owens

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan V. Burk

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant W. E. B. Owens Jr. (Son)
(Address) 428 Cedarcroft Road.

15 Filed JUL 2 - 1926 D. C. HAMILTON JONES, Registrar
Per K.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to July 1st 1926, that I last saw alive on June 29th, 1926, and that death occurred, on the date stated above, at 5-00 a. m.

The CAUSE OF DEATH* was as follows:

Hypocongestion
Arteriosclerosis
(old age)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. B. Gambrill Jr. M. D.

, 19 (Address) 2 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

DATE OF BURIAL July 3/26

20 UNDERTAKER STEWART & HOWEN COMPANY (WILLIAM F. HOWEN, Successor)

ADDRESS 108 W. NORTH AVE. 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 12056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 12056

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1231 N. Patterson Pk Ave St., 8 Ward)

2-FULL NAME Dorothy L. Ammon

(a) RESIDENCE NO. 1231 N. Patterson Pk Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 17 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailoress

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer: Gon Mfg Co

9 BIRTHPLACE (city or town): Pa

(State or country)

PARENTS

10 NAME OF FATHER: John A Ammon

11 BIRTHPLACE OF FATHER (city or town): Waynetown

(State or country) Ind

12 MAIDEN NAME OF MOTHER: Lillie Lee

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: John A Ammon

(Address) 1231 N. Patterson Pk Ave

Filed JUL 2 - 1926 C. HAMPSON JONES, Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 1926

17:

I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to July 1, 1926, that I last saw her alive on July 1, 1926, and that death occurred, on the date stated above, at 2-30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) ___ yrs. ___ mos. 17 ds.

CONTRIBUTORY (Secondary) ?

(duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted if not at place of death? Probably on Shore

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Widal Test

(Signed) Geo F Taylor, M. D.

7-2-1926 (Address) 1264 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial July 3 1926

20 UNDERTAKER: Robt J Turner

ADDRESS 1121 W. Bway

If the space in any item is insufficient, as may frequently be the case in the item of OCCUPATION, the exact statement is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12057

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 2766 Pivoly Ave ST., 9-2 WARD)

2-FULL NAME Harry A Neis.

(a) RESIDENCE No 2766 Pivoly Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louisa A K Neis.

6 DATE OF BIRTH (month, day, and year) July 4th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	54	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist. 025

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Grauls Pharmacy

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John Neis.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catharine Ellerig

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Louisa A K Neis.
(Address) 2766 Pivoly

15 Filed 2-1926 C. HAMPSON JONES, M. D.
Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1922, to July 1st, 1926, that I last saw him alive on July 1st, 1926, and that death occurred, on the date stated above, at 9:27 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. C. Burton, M. D.

7/1, 1926 (Address) 301 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL July 5th 1926

20 UNDERTAKER C. Schlomann & Son ADDRESS 1039 Hanover

TION is very important. See instructions on back of certificates.

Letter in file Nov 26/1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12058

CERTIFICATE OF DEATH.

47 E 12058

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2 Merryman Court ST., 27-b WARD)

2-FULL NAME Charlotte E. Harwood

(a) RESIDENCE NO. 2 Merryman Court ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J TEVIS HARWOOD

6 DATE OF BIRTH (month, day, and year) Dec-17-1865

7 AGE: Years 60 Months 7 Mos. Days 14 If LESS than 1 day, hrs. or min. 5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No-037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Matagorda County, Texas

PARENTS

10 NAME OF FATHER Wm Bradford Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rocky Hill Conn.

12 MAIDEN NAME OF MOTHER Charlotte M. Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hartford Conn.

14 Informant W. B. Harwood (Address) 2 Merryman Court

15 Filed JUL 2 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 2. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21 1926 to July 1- 1926, that I last saw her alive on July 1- 1926, and that death occurred, on the date stated above, at 4-30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast. Operation. Return in right lung and left breast. Tenderness of shoulder, back, face veins involved (duration) yrs. 5 + mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? Yes Date of Jan. 1924.

Was there an autopsy? No

What test confirmed diagnosis? Examination of breast.

(Signed) M. Gibson Porter, M. D.

7/2, 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: All Saints Burial Yard Great Neck L. I. N. Y. DATE OF BURIAL July 3 1926

20 UNDERTAKER Kenny & Jenkins & Sons Co ADDRESS McCulloh & Orchard Sts

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12059

CERTIFICATE OF DEATH.

11-002 ✓

2-1

E 12059
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Pupek

(a) RESIDENCE NO. 414 S. Register St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	wjite	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Pupek

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Karol Pupek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant John Pupek

(Address) 414 S. Register St

15 Filed 7-2 1926 C. HAMPSON JONES, M. D. Registrar

P. [illegible] K/C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Endocarditis-

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prob. Influenza

(duration) yrs. mos. 14 ds.

(Signed) [signature] M. D. (Coroner)

7/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial July 3 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12060

1-PLACE OF DEATH

Registered No. 15-5-17

City of BALTIMORE: (No. 2 to 7 Allendale Road St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilie Susannah Robertson

(a) Residence No. 2 to 7 Allendale Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (~~Write the word.~~) Widowed

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Walter Robertson

6-DATE OF BIRTH (month, day and year) Oct 14 1853

7-AGE. 73 yrs. 8 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), England.

PARENTS.

10-NAME OF FATHER, Simeon Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Susannah Sugg

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Woman Lodgeman

(Address) 2 to 7 Allendale Road

15- Filed July 7 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 1 1926

17- I HEREBY CERTIFY, That I attended deceased from Apr 18, 1926 to July 1, 1926 that I last saw her alive on June 30 1926 and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Gall bladder infection

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebro arterio sclerosis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lovelard, M. D.

July 2 1926 (Address) 4 E Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. July 7 1926

20-UNDERTAKER. Hughes & Son Inc

ADDRESS 842 N Broadway

Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12061

E 12061

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 6 Ward)

2-FULL NAME Miss Annie Brooke

(a) RESIDENCE NO. Church Home & Infirmary St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apl 22-1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	2	8 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co

(State or country) Md.

PARENTS

10 NAME OF FATHER James Brooke

11 BIRTHPLACE OF FATHER (city or town) Harford Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Lewis

13 BIRTHPLACE OF MOTHER (city or town) Harford Co

(State or country) Md.

14 Informant Edward A. Colburn

(Address) 1206 John St.

15 Filed ..... 19 ..... Registrar

JUL 2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to July 1, 1926, that I last saw h.. alive on July 1, 1926, and that death occurred, on the date stated, above, at 5.41 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy (cerebral hemorrhage) (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wattie Eagle, M. D.

7/1, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harve de Grace Md. Date of Burial July 3 1926

20 UNDERTAKER Hyfield Jones Sons ADDRESS 1st N Broadway

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12062

CERTIFICATE OF DEATH

E 12062

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. 89

CITY OF BALTIMORE: (No. 33 d Calvert ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Blaine

(a) RESIDENCE NO. Pocomoke City, Maryland ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah M. Blaine

6 DATE OF BIRTH (month, day, and year) Sept. 1st 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pocomoke City, Md

PARENTS

10 NAME OF FATHER Thomas J. Blaine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah J. Burnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John W. Evans

(Address) Pocomoke City, Md

Filed JUL 3 - 1926 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1926, to July 2, 1926, that I last saw him alive on July 2, 1926 and that death occurred, on the date stated above, at 12:22 a m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) myocardial failure 5 mos

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes. coronary sclerosis myocarditis

What test confirmed diagnosis?

(Signed) W. O. Hannah, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pocomoke City, Md

DATE OF BURIAL 6/3 1926

UNDERTAKER W. J. Dickerson & Sons

ADDRESS Pocomoke City, Md

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12063

CERTIFICATE OF DEATH.

18 E 12063

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Off Fort McHenry St. W-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis W. Hessemer.

(a) RESIDENCE NO. 214 N. Monroe St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, HUSBAND of (XXXXXXXX) Minnie Hessemer

6 DATE OF BIRTH (month, day, and year) September 20, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER William Hessemer.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Clara Schultze.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Minnie Hessemer. (wife)

(Address) 214 N. Monroe St.

C. H. JOHNSON JONES, M. D.

15 Filed....., 19.....

Per ..... Registrar

JUL 3 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probable accidental fall from Fort McHenry wall.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

7/2, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial July 3 1926

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North ave

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12064

CERTIFICATE OF DEATH.

197 E 12064

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 5-W Ward)

Pronounced dead at

2-FULL NAME Frank Gordon

(a) RESIDENCE NO. 207 N. Central Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mitta Gordon

6 DATE OF BIRTH (month, day, and year) KKKKK

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Va

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country) Va

PARENTS

10 NAME OF FATHER Louza Gordon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mitta Gordon

(Address) 207 N. Central Ave

15 Filed _____ 19 C. [illegible] Registrar

JUL 3 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot in brain

(Homicide)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Bates (Coroner) M. D.

7/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial July 3 1926

20 UNDERTAKER Edward Bryan ADDRESS 1691 orleans st

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

Ennols

HEALTH DEPARTMENT—CITY OF BALTIMORE

12065

CERTIFICATE OF DEATH.

182 E 12065

REGISTERED NO._____

1-PLACE OF DEATH Prom. of Dead at 6-2

City of BALTIMORE: (No. Balto City Hospl St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charley Ennols

(a) RESIDENCE NO. 1111 Lincoln Ct St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Ennols

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 38 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Fertilizer Co

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Ennols

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Emma McCluskey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: John A Trumpower

(Address): 1159 N Fulton Ave

15 Filed JUL 3 1926 16 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Accidental death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental drowning while loading vessel by ship where at Clinton & Key he accidentally fell in water (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hundley M. D. (Coroner)

7/2, 1926 (Address) 1004 Chas St

*State the Disease Causing Death, or in deaths from Violent causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery Date of Burial July 5 1926

20 UNDERTAKER: Edward Bryan ADDRESS 1681 orleans st

very important. See instructions on back of certificate. EXACT statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 12066 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-801 E 12066

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 D St. - a ST. 14-1 WARD)

2-FULL NAME Infant of Alexander & Mabel Jones

(a) RESIDENCE No. 2033 D St. - a ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1st 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Alex Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alex Jones

(Address) 2033 D St. - a

Filed JUL 6 1926

THOMPSON-JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1926, to 7/2, 1926, that I last saw h[illegible] alive on 7/2, 1926 and that death occurred, on the date stated above, at 7 A m

The CAUSE OF DEATH* was as follows:

1- Mo. Birth -

2 General Debility -

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. R. Butler, M. D.

1926 (Address) 2129 D St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL July 6th 1926

20 UNDERTAKER Clarence E. Wright

ADDRESS [illegible]

Spec.—12-9-25—A Co.—200 Bks.

EUTAW PLACE & BROCKS LANE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12067

129 ✓ E 12067

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apts. 6 E. St. 13-6 Ward)

2-FULL NAME Moses Goldenberg.

(a) RESIDENCE NO. Esplanade Apts. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 50 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa H. Goldenberg

6 DATE OF BIRTH (month, day, and year) May 1, 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Department Store

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Seligman Goldenberg

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Stern

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Mr. Morton Goldenberg

(Address) Emersonian Apts.

Filed JUL 3 - 1926 C. HAMPSON JONES, M. D. Registrar

Per GMG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 July 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1910, to July 2, 1926, that I last saw h__ alive on July 2, 1926, and that death occurred, on the date stated above, at 10:20 P.m.

The CAUSE OF DEATH* was as follows:

Brocks Pneumonia

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. ___ mos. 10 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Melvin S. Lundholm, M. D.

, 19 (Address) 304 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cemetery — Date of Burial: July 5, 1926

20 UNDERTAKER: David Sondheim — ADDRESS: 115-20 20 Nat. Royal Ave.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Harting

E 12068 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto Gen Hosp. REGISTERED NO. 118-001

CITY OF BALTIMORE: (No. Raynor Ave & Pulaski St 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret. Harting.

(a) RESIDENCE NO. 2735 Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31 1869

7 AGE: Years 56 Months 11 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John. E. Harting.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Martin Harting

(Address) 2735 Mosher St

15 Filed JUL 3 - 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1. 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6. 1926. to July 1. 1926. that I last saw h alive on July 1. 1926. and that death occurred, on the date stated above, at 6:50 P m.

The CAUSE OF DEATH* was as follows:

Umbilical Hernia.

(duration) 6 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of June 17-26.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) R. Parker M. D.

July 1. 1926 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer — DATE OF BURIAL: July 5 1926

20 UNDERTAKER: Henry Jenkins Son Co — ADDRESS: Oakland Md. Co Md.

FION IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12069

CERTIFICATE OF DEATH.

31 ✓ E 12069

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1824 Madison Ave. 14-1 Ward)

2-FULL NAME Meredith Lambson

(a) RESIDENCE NO. 1824 Madison Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1897

7 AGE: Years 29 Months ____ Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: General

9 BIRTHPLACE (city or town) _____

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Lambson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: Sarah Allen

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): U.S.

14 Informant: Mrs. L. Johnson

(Address): 1159 N Eutaw

15 Filed JUL 3 - 1926 C. HAMPSON JONES, Registrar

Per GKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Tuberculosis

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. T. Hennessy M. D. (Coroner)

July 2 1926 (Address) 2802 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr. Auburn Cem. Date of Burial July 3 1926

20 UNDERTAKER: Daniel Carson Bayne ADDRESS 916

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12070

CERTIFICATE OF DEATH.

E 12070

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 94-1

2-FULL NAME George A. Lauck.

(a) RESIDENCE NO. Secretary Md. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Divorced.

5a If ~~MARRIED, WIDOWED~~, or divorced HUSBAND of ~~WIFE OF~~ Matilda Lauck.

6 DATE OF BIRTH (month, day, and year) January 4 1846.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Michael Lauck.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Frances.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania.

14 Informant Charles A. Lauck. (son)

(Address) Secretary, Md.

15 Filed_____ C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction.

Gangrenous. (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto A Pembrook (Coroner) M. D.

7/1, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 424 Hanover St. June 29, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Secretary Md W.B. & A. Date of Burial July 3 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

very important. See instructions on back of certificate. ...ck of occupation is

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12071

CERTIFICATE OF DEATH.

E 12071

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 11 WARD) 3

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ruark

(a) RESIDENCE NO. 606 North Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore Ruark

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14

Informant City Hospital Records.
(Address)

15

Filed ..... 19 C. HAMPTON JONES
Registrar

JUL 3 - 1926 Per EXE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1926, to July 2, 1926,

that I last saw h~~im~~ alive on July 2, 1926,

and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. ? mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & laboratory

(Signed) R Hooper Smith, M. D.

July 2 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 7/6 1926

20 UNDERTAKER D. Frew McCully

ADDRESS 1301 Fort

IMPORTANT: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Windus)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12072 E 12072

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wiendes

(a) RESIDENCE NO. 1025 Light St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer - (day)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Wiendes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records

15 Filed JUL 3 - 1926 C. H. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July. 1, 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-27-1924 to 7-1- 1926.

that I last saw h[illegible] alive on July. 1, 1926.

and that death occurred, on the date stated above, at 4 AM m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis with complications

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of spine Pulmonary tuberculosis

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes -

What test confirmed diagnosis? Autopsy

(Signed) W. Bayard, M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 7/5 1926

20 UNDERTAKER P. Frew Mc Cully

ADDRESS 130 E Fay

FROM A VERY IMPORTANT SET. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12073 E 12073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 E. Federal St. 8-3 WARD) REGISTERED NO. 74-096

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F. Walkemeyer

(a) RESIDENCE NO. 2103 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Walkemeyer

6 DATE OF BIRTH (month, day, and year) Aug 7th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker 015

(b) General nature of industry, business, or establishment in which employed (or employer) Box Factory

(c) Name of employer Henry Dryer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry F. Walkemeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Germany

12 MAIDEN NAME OF MOTHER Mary Schumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Germany

14 Informant Margaret Walkemeyer (Address) 2103 E. Federal St.

15 JUL 3 - 1926 C. HAMPSON JONES, Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1926 to July 1, 1926, that I last saw him alive on July 1, 1926, and that death occurred, on the date stated above, at 7:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Alton E. Singewald M. D.

(Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Prot. Ch. DATE OF BURIAL July 4 1926

20 UNDERTAKER Frederick Loose & Sons ADDRESS Fulton

FOR IS very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 12074

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 12074

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1202 Hull St. St. 26-E Ward)

2-FULL NAME Otto Moreau.

(a) RESIDENCE NO. 3 Cherry Ave. Raspeburg. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, ~~WIFE of HUSBAND of~~ (or) ~~WIDOW~~ Augusta Moreau.

6 DATE OF BIRTH (month, day, and year) March 25, 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tool keeper

(b) General nature of industry, business, or establishment in which employed (or employer): stevedore

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant Edwin Moreau. (son)

(Address) 738 E. Fort Ave.

15 Filed JUL 3 1926 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

7/1, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial: July 3 1926

UNDERTAKER: W. M. Cook — ADDRESS: 502 E. Monument Ave

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 12075 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12075

CERTIFICATE OF DEATH.

REGISTERED NO. 26-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 22 WARD)

2-FULL NAME Robert Howell

(a) RESIDENCE NO. 5th Ave & 218 St. ST., Collgate Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred unk. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu Hitner Howell

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) unk. (State or country)

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) unk. (State or country)

14 Informant Albert Ernest

(Address) 170 x Chesterfield Ave.

Filed JL 3 1926 C. HAMPSON JONES, M. D. Registrar

Per E K G

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-26 19

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, 19, to July 2, 1926.

that I last saw h.im alive on July 2, 1926,

and that death occurred, on the date stated above, at 2:50 m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk.

Did an operation precede death? N.O. Date of —

Was there an autopsy? N.O.

What test confirmed diagnosis? Laboratory

(Signed) Frances F. Ellis, M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Albany Ind.	July 4 1926
UNDERTAKER	ADDRESS
Harry W. Witzig	531 W. Lanvale

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12076

CERTIFICATE OF DEATH.

+ 32 E 12076

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

2-FULL NAME Samuel Lomax

(a) RESIDENCE NO. Sparrows Pt. Md St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25 1924

7 AGE — Years: 1 Months: 7 Days: 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): gd

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Sparrows Pt. Md

PARENTS

10 NAME OF FATHER Patrick

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Reynolds

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Alabama

14 Informant_____

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Recorded 19 C. HAMPSON JONES, M. D.

Registrar

JUL 3 - 1926

Per_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1926 19

17 I HEREBY CERTIFY, That I attended deceased from June 27th 26, to June 30, 1926, that I last saw him alive on June 30, 1926 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Alexander J Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salury Cemetery — Date of Burial: July 3. 1926

20 UNDERTAKER: Mrs R A Elliott — ADDRESS 1725 Ashland Av

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 12077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12077.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2106 E. Federal St. St. (Ward) 8-2

2-FULL NAME Philip Waters.

(a) RESIDENCE NO. 2106 E. Federal St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Waters.

6 DATE OF BIRTH (month, day, and year) April 7th. 1849.

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
77	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Sea Captain.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Belgium.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Frederick Kappes.

(Address) 2106 E. Federal St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

L3 - 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st. 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from May 1 19 26 to July 1 19 26

that I last saw him alive on July 1 19 26

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) arthritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted? -

If not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed) William Fraser M. D.

July 2 26 (Address) 1407 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. Date of Burial 7/5 19 26

20 UNDERTAKER Chas. F. Cramer Son ADDRESS 1184 N. Mt. Royal Ave

Very Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12078 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12078

E 12078

CERTIFICATE OF DEATH. 25-2161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. WARD)

2-FULL NAME Baby girl Phillips

(a) RESIDENCE NO. W Annapolis Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 6-28-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER James Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) not given

12 MAIDEN NAME OF MOTHER Hattie Rogers

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant James Phillips (Address) W. Annapolis Md

15 Filed JUL 3 - 1926 19 C. HAMPSON JONES, Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2 — 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-28— , 1926 , to 7-2 , 1926 , that I last saw her alive on 7-2 , 1926 , and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

atelectasis of Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity 7 5 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Theron Hunter M. D.

7/2/ 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	July 3 1926
UNDERTAKER W J Tucker & Sons	ADDRESS Rockhill

Cor.—1-12-23—M&T—100 Bks.

E 12079 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12079

CERTIFICATE OF DEATH. 185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2006 E. North Ave. ST., 8-1 WARD)

2-FULL NAME Matilda Dressel

(a) RESIDENCE NO #2006 E. North Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dressel

6 DATE OF BIRTH (month, day, and year) July 16th. 63

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

10 NAME OF FATHER Carl JUERSS

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germeny

12 MAIDEN NAME OF MOTHER Francisco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germeny

14 Informant Chas. Dressel
(Address) #2006 E. North Ave.

15 Filed 7-1-1926 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2nd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Intercranial Hemorrhage (Accident- fell down stairs in her home)

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John W. Potter, M. D. (Coroner.)

7/4/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	7/5/1926
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12080

CERTIFICATE OF DEATH.

45 E 12080

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 707 Beaumont Ave. St., 27-9 Ward

2-FULL NAME Grace L. Ball.

(a) RESIDENCE NO. 707 Beaumont Ave. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Ball.

6 DATE OF BIRTH (month, day, and year): Sept. 18, 1875

7 AGE: Years 50 | Months 9 | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo. A. Kiel

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Kuhn

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Md.

14 Informant: William H. Ball

(Address): 707 Beaumont Ave Govans

15 Filed _____, 19____ C. HAMPSON JONES Registrar

UL 4 - 1926 Registrar P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2. 1926

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to July 24, 1926, that I last saw h[illegible] alive on July 24, 19[illegible], and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon. General metastasis.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Arthur C. Manning, M. D.

7/2, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: July 5. 1926

20 UNDERTAKER: Mrs. Mrs. John H. Ensor & Son ADDRESS: 701 W. Fayette

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12081

CERTIFICATE OF DEATH.

E 12081

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd Calvert St. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lilian W. DeVault

(a) RESIDENCE No. 527 Market St. Fairmont, W. Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. DeVault (dead)

6 DATE OF BIRTH (month, day, and year) July 31, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va.
(State or country)

PARENTS

10 NAME OF FATHER Mr. Lizzy Satterfield

11 BIRTHPLACE OF FATHER (city or town) W. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Virginia Harden

13 BIRTHPLACE OF MOTHER (city or town) W. Va.
(State or country)

14 Informant Lake Satterfield
(Address) Fairmont W Va

15 Filed 1926 19 Per K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to July 2, 1926, that I last saw h w alive on July 2, 1926, and that death occurred, on the date stated above, at 8.52 a m.

The CAUSE OF DEATH* was as follows:

Toxic Thyroid (Hyperthyroidism)

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Heart Trouble (Myocardial failure)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Hannah, M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmont W Va

DATE OF BURIAL July 7 1926

20 UNDERTAKER William Cook

ADDRESS 502 E Nork

Spec.—1-12-23—M&T—500 Bks.

12981 12082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

109-002

E 12082

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Mitchell

(a) RESIDENCE NO. ~~Lombard & Green~~ ST., WARD Ellicott City, Md.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 18 1916.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
10 yrs.	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kansas (State or country)

PARENTS

10 NAME OF FATHER George R. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Lucy Day.

13 BIRTHPLACE OF MOTHER (city or town) Tennessee (State or country)

14 Informant George R Mitchell

(Address) Ellicott City

15 Filed 4-1926 By C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 3, 1926, that I last saw her alive on July 3, 1926, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Cholera

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? (Convalescing)

Did an operation precede death? Yes Date of July 1 - 26

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R.S. Cadmus, M. D.

7/3, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christ Church Cem Howard Co

DATE OF BURIAL July 5 1926

20 UNDERTAKER Easton Sons

ADDRESS, Ellicott City

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12083

E 12083

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 422 Glenedward ave 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann H. Ruby.

(Residence in Baltimore: No. 422 Glenedwald ave. St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

6-DATE OF BIRTH: Feb (Month) 7. (Day) 1858 (Year)

7-AGE: 68 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Maryland.

PARENTS:

10-NAME OF FATHER: James Ruby.

11-BIRTHPLACE OF FATHER (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Katherine Martin

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clarence Martin

(Address) 3849 Falls Road.

15- C. HAMPSON JONES, M. D.

Filed JUL 4 - 1926 192.. K K Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 2. (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

Disease of Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John F. Morrison M. D. (Coroner)

7/4 192.6 (Address) 2632 Roland ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden DATE OF BURIAL: 7/5 1926

20-UNDERTAKER: Walter Davis ADDRESS 3307 Raine St

Spec.—1-10-21—M&T—1500 Bks.

E 12084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1126 N Calvert ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B. Klein

(a) RESIDENCE No 1126 N Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8th 1827

7 AGE: Years 99 Months Days 25 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER Jacob Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York City

12 MAIDEN NAME OF MOTHER Esther Colgate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York City

14 Informant L. K. Dunn

(Address) 1126 N Calvert St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

L4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from January, 1926, to July 2, 1926, that I last saw h[illegible] alive on July 2, 1926, and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency manifesting itself clinically in the last few years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Increasing Myocardial insufficiency (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Franklin Smith, M. D.

VII 3. 1926 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Virginia

DATE OF BURIAL: July 4th 1926

UNDERTAKER: Henry Jenkins & Son Co

ADDRESS: Calvert & N. Calvert Sts

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

178

E 12085

CERTIFICATE OF DEATH.

E 12085

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Permanent dead on arrival mercy (not REGISTERED NO.

2-FULL NAME Wm Dugan

(a) RESIDENCE NO. 447 5th mmmmed St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab. 010

(b) General nature of industry, business, or establishment in which employed (or employer) Feather place

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Wm Dugan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Mamie Evans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant William V Barber

(Address) 447 5th mmmmed

Filed ..... 19..

JUL 4 - 1926

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) & Mason find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon, monoxide poisoning from fire on S Frederick

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Nelson M. D.

(Coroner)

July 2, 1926 (Address) 1639 Ey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Albion Cemtry Date of Burial 7/4 1926

20 UNDERTAKER Walter B. Spriggs ADDRESS 2[illegible] Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12086 — 90 E 12086

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Aisquith St. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Sussman

(a) RESIDENCE No. 109 Aisquith ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lochman Sussman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosa Yk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Mr David Cohen 1925 E Fulton ave

15 Filed ....., 19... E. HAMPSON JONES, M. D. Registrar

Per KK

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to July 3, 1926, that I last saw him alive on July 3, 1926 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Lichtenberg, M. D.

7/3/1926 (Address) 1717 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL 7/4 1926

20 UNDERTAKER Sol Silverman & Bro — ADDRESS 1167 E Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12087

CERTIFICATE OF DEATH.

129 E 12087

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 S Conkling St. 3-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer Narovlansky

(a) RESIDENCE NO. 8 S Conkling St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 25 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bodona Narovlansky

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 77 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E Baltimore St

15 Filed _____ 19____ C. HAMPSON JONES, Registrar

7-4-1926 Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 2, 1926, that I last saw h[illegible] alive on July 1, 1926, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Nephritis - Arteriosclerosis

(duration) ____ yrs. 3 mos. ____ ds.

CONTRIBUTORY (Secondary) ✓

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas F Wilcox, M. D.

July 3 1926 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rock Rd — Date of Burial: 7/4 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Baltimore St

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 12088

CERTIFICATE OF DEATH

90 E 12088

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 3414 Auchentoroly Terrace ST.; WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Mindel

(Residence in Baltimore: No. 3414 Auchentoroly Terrace St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: ..... (Month) ....., 1871 (Year)

7-AGE: 54 yrs. 9 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: .....

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: .....

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Mindel

(Address) 3414 Auchentoroly Terrace

15 JUL 4 - 1926

C. HAMPSON JONES, M.D.

Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) - 2 (Day) -, 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April - 3 -, 1926 to July - 2 - 1926 that I saw h.. alive on July - 1 - 1926 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ..... yrs. 3 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herman Seidel M. D.

July - 2 1926 (Address) 2404 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Hebrew [illegible] DATE OF BURIAL: July 4 1926

20-UNDERTAKER: Jacob Levi ADDRESS: 1459 Edmondson

Is very important. See instructions on back of certificate. — NATURE OF OCCUPATION

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12089

CERTIFICATE OF DEATH.

90 E 12089

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 17-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Hodges

(a) RESIDENCE NO. 572 Oxford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Wm Hodges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER — Rufflin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fla.

14 Informant City Hospital Records (Address)

15 Filed July 1 1926 19 Per [redacted] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1926, to June 30, 1926, that I last saw him alive on June 30, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith M. D.

July 1. 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem

DATE OF BURIAL July 4 1926

UNDERTAKER Fred M. Johnson

ADDRESS 1234 Ellwood St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12090

CERTIFICATE OF DEATH.

113 E 12090

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 Dover. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Tilghman

(a) RESIDENCE NO. 403 Dover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19, 25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Frank Tilghman

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Annie Brown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Annie Brown

(Address) 403 Dover St

15 Filed ..... 19.. C. HAMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

July 4/26 (Address) 1143 N Bway

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — Date of Burial 7, 4, 1926

20 UNDERTAKER Mrs Jos H. Harper — ADDRESS 406 W Conway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12091

100-001

E 12091

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 521 W. West St. 21-3 Ward)

2-FULL NAME Leola Sanders

(a) RESIDENCE NO. 521 W. West St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: Col | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct - 24 - 1926.

7 AGE: Years: — | Months: 4 | Days: 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): Colgate

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Paul Sanders

11 BIRTHPLACE OF FATHER (city or town): Ther

(State or country): S. Carolina

12 MAIDEN NAME OF MOTHER: Hattie Perry

13 BIRTHPLACE OF MOTHER (city or town): Ther

(State or country): S. Carolina

14 Informant: Paul Sanders

(Address): 521 W. West

15 Filed ..... 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July - 3 19 26

17 I HEREBY CERTIFY, That I attended deceased from June - 28, 19 26, to July - 3, 19 26, that I last saw her alive on July - 2, 19 26, and that death occurred, on the date stated above, at 2 0, m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

Primary

(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) _____

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Dr. Francis Lee, M. D.

7/3 19 26 (Address) 1 2 2 Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | Date of Burial: July 4/1926

20 UNDERTAKER: Daniel Easton | ADDRESS: 916 Eager

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12092

CERTIFICATE OF DEATH.

90 E 12092

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. #2030 E.30th.St. St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Breitenbach

(a) RESIDENCE NO. #2030 E.30th.St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Breitenbach

6 DATE OF BIRTH (month, day, and year) April 30th. 1849

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	77	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Christina Breitenbach

(Address) #2030 E.30th.St.

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

L4 - 1525 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/26 19

17 I HEREBY CERTIFY, That I attended deceased from Aug— 1925 to July 2— 1926, that I last saw h— alive on July 2 1926, and that death occurred, on the date stated above, at 3-30 p. m.

The CAUSE OF DEATH* was as follows:

Cortio-Vascular Dis - atheroma Calc

Hrg— (Stroke) (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) General Senile Changes

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel A Doran, M. D.

, 19 (Address) 12 S. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn	7/5/26 19

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12093

CERTIFICATE OF DEATH.

90 E 12093

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #617 N. Belnord Ave. ST., 73 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Kirtcher

(a) RESIDENCE NO. #617 N. Belnord Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Frank Kirtcher

6 DATE OF BIRTH (month, day, and year) Oct 12/56

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Leroy Johnson
(Address) #617 N. Belbord Ave

Filed ... 192 C. HAMPSON JONES, M. D.
L 4 - 1529 Per ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2nd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) J. S. Collins, M. D. (Coroner.)

7/4/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 7/8/26, 192

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 12094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12094

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 495 S. Carrollton Ave ST., 16-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. A. M. Seelye.

(a) RESIDENCE NO. 495 S. Carrollton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE~~ of Catherine K. Bolley

6 DATE OF BIRTH (month, day, and year) Dec 14, 1850.

7 AGE — Years: 75 — Months: 6 — Days: 19. — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Oyster Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 645

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Andrew J. Seelye

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Catherine Laghume

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Mrs. Wm Seelye

(Address) 49 S. Carrollton Ave

15 Filed JUL 4 - 1926 C. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1926, to July 2, 1926.

that I last saw him alive on July 2, 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Mitral Heart Disease

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

July 3, 1926 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 5 1926

20 UNDERTAKER: John J. Fields — ADDRESS: 1200 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12095

CERTIFICATE OF DEATH.

100-001

E 12095

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 S Clinton ST. 16-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Schumann

(a) RESIDENCE NO. 1709 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Schumann dec 6-8 26

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer 034

(b) General nature of industry, business, or establishment in which employed (or employer) retail trade

(c) Name of employer self

9 BIRTHPLACE (city or town) Maryland

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Conrad Schumann

11 BIRTHPLACE OF FATHER (city or town) not known

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Kelner

13 BIRTHPLACE OF MOTHER (city or town) not known

(State or country) Germany

14 Informant John Schumann

(Address) 1709 S Clinton St

Filed JUL 4 - 1926 THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to July 2, 1926, that I last saw him alive on July 2, 1926, and that death occurred, on the date stated above, at 3 00 P.M.

The CAUSE OF DEATH* was as follows:

arteriosclerosis —

general cachexia (origin obscure)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

7/3, 1926 (Address) 1614 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL July 5 1926

20 UNDERTAKER John Ulrich

ADDRESS 208 E Eager

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-002

E 12096
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12096
REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hoppital St 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Kolodziejski

(a) RESIDENCE NO. 329 S. Ann St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 15/1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jas. Kolodziejski

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Julia Cebulski

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Father

(Address) 329 S. Ann St

15 Filed 7-4-1926 HAMILTON JONES Registrar

R.A.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Septicemia?)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Collins M. D.
(Coroner)

7/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial: July 6 1926

26 UNDERTAKER: John M Weber ADDRESS: 1520 Bank

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 12097

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3003 Fait ave St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anna M. Ridgell

(a) Residence No. 3003 Fait ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Emell Ridgell

6-DATE OF BIRTH (month, day and year) Jan 12 1867

7-AGE. 59 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Richard Dolan

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

14- (Informant) Emell Ridgell

(Address) 3003 Fait Ave

15- [illegible] 192.. C. HAMPSON JONES, Registrar.

L4 - 1926. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 2 1926

17- I HEREBY CERTIFY, That I attended deceased from May 10 1926 to July 2 1926

that I last saw h. alive on July 2 1926

and that death occurred, on the date stated above, at 5-55 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver & Rectum

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic absorption

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

7/3, 1926 (Address) 413 W Baltimore

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal:** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	July 6 1926
20-UNDERTAKER.	ADDRESS
Lilly Tasker	403 S Wolfe st

Spec.—1-12-23—M&T—500 Bks.

12098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12098

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH St Josepha Hosp

CITY OF BALTIMORE: (No. Caroline & Aliceo ST. 135 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Miller

(a) RESIDENCE NO. 2851 Woodbrook Ave ST. WARD

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Denmead Miller

6 DATE OF BIRTH (month, day, and year) January 23 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Car Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wicks Railway & Elec Co.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Agnes Denmead Miller

(Address) 2851 Woodbrook Ave

15 Filed 19 Registrar

L 4 - 1920 HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to July 3, 1926.

that I last saw h(e)(r) alive on July 3, 1926

and that death occurred, on the date stated above, at 7.25 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Carbuncle on neck

Erysipelas (duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of May 28. 26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Joseph Sunkey, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL July 6 1926

20 UNDERTAKER Henry Horch Son — ADDRESS 1201 E Eager St

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 12099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3624 Fairview Av. S. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Henry Williams

(a) RESIDENCE. NO. 3624 Fairview Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Williams

6 DATE OF BIRTH (month, day, and year) Oct. 6 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warrenton Va.

PARENTS

10 NAME OF FATHER Elias Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER English

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant C. E. Williams (Address) 3624 Fairview Ave.

15 Filed 7-4-1926 By C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to July 2, 1926, that I last saw him alive on July 2, 1926 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Mention & enumeration over a period of months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility. Sclerosis Haem. apoplexy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur H. Fitzpatrick, M. D.

7/3, 1926 (Address) 2806 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	July 5th 1926

20 UNDERTAKER Wilbur W. Shriver ADDRESS 1018 Edmondson av.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12100

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 12100

REGISTERED NO.

City of BALTIMORE: (No. 16 N. Rose St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Leitner

(a) RESIDENCE NO. 16 N. Rose St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Charles Leitner

6 DATE OF BIRTH (month, day, and year) Nov. 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	7 8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 021

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Adam Doetzer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Margt. Walschbacher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Anna M. Leitner.

(Address) 16 N. Rose St.

15 Filed ....., 19.... C. HAMPSON JONES, Registrar

L4 - 1926 Per R.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to July 21 1926, that I last saw h.... alive on July 21 1926, and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Ulcer of Rectum Cancerous

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) Dr. [illegible] 19

(Address) 1000 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial July 6th 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 400 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12101

CERTIFICATE OF DEATH.

69 E 12101

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Copenhaver

(a) RESIDENCE NO. Westminister, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas T. Copenhaver

6 DATE OF BIRTH (month, day, and year) June 7, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll County (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Leffert

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country)

12 MAIDEN NAME OF MOTHER Mary Seiff

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country) Maryland.

14 Informant Above name- (Address)

15 Filed , 19 C. HAMPSON JONES, Registrar Per

7 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to July 4, 1926, that I last saw her alive on July 4, 1926, and that death occurred, on the date stated above, at 6:58 Pm.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation -

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Purpura hemorrhagica.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Westminster, Md.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Mic. A Tuberculosis

(Signed) M. Geesteyx, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riders, Westminster

DATE OF BURIAL 7/7 1926

20 UNDERTAKER H Barnhardt & Son

ADDRESS Westminster

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

160

E 12102
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12102
REGISTERED NO.

City of BALTIMORE: (No. 323 E Fort Ave St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian Hallie Ruark

(a) RESIDENCE NO. 323 E Fort Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. 24 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Sing

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 6 24 1926

7 AGE — Years | Months | Days 10 | IF LESS than 1 day.....hrs. or.....min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER: Geo R Ruark

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Mariant J. Conway

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Geo R Ruark

(Address): 323 E Fort ave

15 Filed 1926 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

7. 4.

17 I HEREBY CERTIFY, That I attended deceased from 6.24, 1926, to 7.4, 1926, that I last saw h[er] alive on 7.4, 1926, and that death occurred, on the date stated above, at 11.45a m.

The CAUSE OF DEATH* was as follows:

Intestinal Neurasthenia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Spasms

one hour

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Burlington, M. D.

, 19 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — Date of Burial: July 5th 1926

20 UNDERTAKER: F. P. Krause & Son — ADDRESS: 1723 Bolton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12103

E 12103

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1362 W North av. Ward 4-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Walstrum

(a) RESIDENCE NO. 1362 W North ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edw Walstrum

6 DATE OF BIRTH (month, day, and year): Sept 14-1836

7 AGE — Years: 89 — Months: 9 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Del.

PARENTS

10 NAME OF FATHER: Chas Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Catherine Beauchamp (Address) 1362 W North ave

15 Filed 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1922 to July 2 1926.

That I last saw her alive on July 1 1926

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Dr Lloyd M. D.

, 19 (Address) 2232 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 5 1926

20 UNDERTAKER: F. A. Schause & son — ADDRESS: 703 Hanover

JUL 4 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12104

CERTIFICATE OF DEATH.

49

E 12104

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 N Lake ave ST. Ward 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Barry

(a) RESIDENCE NO. 439 N Lakewood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Barry

6 DATE OF BIRTH (month, day, and year) Sept 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Station do

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kath Roach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Barry

(Address) 439 N Lakewood

15 Filed JUL 4 - 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15 1926 to 7-2 1926

that I last saw him alive on 7-1 1926

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

Mitral Regurgitation (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. Fitz Hugh Lee, M. D.

(Address) 1200 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

UNDERTAKER J. A. Moran

DATE OF BURIAL July 5 1926

ADDRESS 300 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 12105

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-09 E 12105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 993 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter William Bertrand

(a) RESIDENCE NO. 2818 E Madeira St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherin Marion Bertrand

6 DATE OF BIRTH (month, day, and year) 7-5-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28		11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician 074

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Walter William Bertrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rose Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Minnie Graham

(Address) 2818 E Madeira

15 Filed 4-1926 19 C. HAMPSON JONES, M. D. Registrar Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-23-1926, to 7-2, 1926

that I last saw h/M alive on 7-2-26, 19

and that death occurred, on the date stated above, at 8:48 A.m.

The CAUSE OF DEATH* was as follows:

Toxic adenoma of thyroid

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Thyroid toxicosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 7-1-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL 7/4 1926

20 UNDERTAKER J. A. Moran ADDRESS 3000 E Balto.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12106

E 12106

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST. 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mingle Gillson

(a) RESIDENCE NO. 1506 E. Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Gillson

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Given age	70 ?			
Proven age	57 9			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Gillson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Amy —?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospital Records

(Address)

Filed JUL 4 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to July 2, 1926, that I last saw him alive on July 1, 1926, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Coronal Sclerosis & hypertension

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) R. Hooper Smith, M. D.

July 3 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL July 4 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Oakland Ave

C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12107

CERTIFICATE OF DEATH. 1926

E 12107

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp St. 16-5 WARD)

2-FULL NAME Baby Herring

(a) RESIDENCE NO. West. Baltimore General Hosp ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Life

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/3/26

7 AGE — Years: newborn — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): West Balto. General Hosp

PARENTS

10 NAME OF FATHER: John Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Madeline Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): West Baltimore General Hosp.

15 Filed ..... 19 ..... C. HAMPSON JONES Registrar
14 - 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-3-26, 19..., to 7-4, 19 26, that I last saw her alive on 7-4, 19 26, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Thomas F. Jenkins, M. D.

7/4, 1926 (Address) West Baltimore General

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md — DATE OF BURIAL: July 6th 26

20 UNDERTAKER: Geo. E. Jones — ADDRESS: Laurel Md

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12108

CERTIFICATE OF DEATH.

3 / E 12108

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1517 N Belvidere (Ward) 27-5

2-FULL NAME John Joseph Fields

(a) RESIDENCE. No. 137 N Belvidere St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Evelyn Fields

6 DATE OF BIRTH (month, day, and year) May 3 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer United R R Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Luke Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sandberes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Laura Fields
(Address) 137 N Belvidere

15 Filed 1926 16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to Jul 2, 1926, that I last saw h alive on July 2, 1926, and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Tuberculosis.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M Soler Jno. M. D.

, 19 (Address) 506 Park Pl Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL July 6 1926

20 UNDERTAKER Wm Cox — ADDRESS 502 E Wash

1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 12109

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 Brenard St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary ann Gaines

(a) Residence No. 904 Brenard St. Ward

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Mary Gaines Sr

6-DATE OF BIRTH (month, day and year) March 25, 1859

7-AGE. 67 yrs. 3 mos. 8 ds. If LESS than 1 day, hrs. or mdn.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS

10-NAME OF FATHER Joseph Murphy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mahoney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Mrs. Mary Gaines Sr

(Address) 904 Brenard St

15- Filed ..... 192.. C. HAMPSON JONES, Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 3-1926

17- I HEREBY CERTIFY, That I attended deceased from May 6, 1926 to July 3 1926 that I last saw h[illegible] alive on July 2 1926 and that death occurred, on the date stated above, at 7 25 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene (Foot)

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 24 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P Claude M.D.

July 3, 1926 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mathews

DATE OF BURIAL. July 6, 1926

20-UNDERTAKER. Wm Cook

ADDRESS 502 E Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12110

90 E 12110

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ambrose Emory

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of March 4th

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	2 3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt. (State or country) Md.

PARENTS

10 NAME OF FATHER Ambrose Emory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary J. Tillard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant City Hospital Records (Address)

15 Filed 4 1926 19 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from December 19, 1925, to July 3, 1926, that I last saw him alive on July 3, 1926, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Emphysema

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gennal & Laboratory

(Signed) R. Hoopes Smith, M. D.

July 3 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 6 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12111 12111

CERTIFICATE OF DEATH.

58-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 142 Mosher St. St 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J. Collins

(a) RESIDENCE NO. 142 Mosher St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
About	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane O'Connor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Miss Collins

(Address) 142 Mosher St.

15 Filed 7-3-1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 10th 1926 to July 3d 1926, that I last saw h.. alive on July 2d 1926, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Exam &c

(Signed) [illegible], M. D.

7-3-1926 (Address) 1515 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial 7/6 1926

20 UNDERTAKER Chas. E. Brault & Son ADDRESS 1180 W. Royal Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12112

90 E 12112

CERTIFICATE OF DEATH

Penitentiary

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 156 Robert ave ST.; 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Vandeford

(a) RESIDENCE. NO. 156 Robert ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm H. Vandeford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Adeline Brumpton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mazie Vandeford
(Address) 156 Robert ave

15 Filed 7-5 1926 C. HAMPSON JONES, M. D. Registrar
Por KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to July 2, 1926, that I last saw h[illegible] alive on July 1st, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hem.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Own Place Balto.

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? General

(Signed) J. Taylor M.D. M. D.

7/6/26 (Address) 156 Robert Lights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	7-5 1926

20 UNDERTAKER John H Frazier

ADDRESS 1027 Druid Hill

Spec.—1542—5M—A Co.—200 Bks.

1926 E 12113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 84

E 12113

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Gomez

(a) RESIDENCE NO. 1221 E. Boulevard St. Paso Ward Texas

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 3. 1919

7 AGE: Years 6 | Months 10 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): not any

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Texas.

PARENTS

10 NAME OF FATHER Julian Gomez

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Spain

12 MAIDEN NAME OF MOTHER Maria Gomez

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Spain

14 Informant Julian Gomez

(Address) Johns Hopkins Hospital

Filed JUL 5 - 1926 C. HAMPSON JONES, Registrar Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1926, to July 3rd, 1926, that I last saw h.e.s. alive on July 3rd, 1926, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Brain tumor, glioma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? yes Date of June 19 '26

Was there an autopsy? No

What test confirmed diagnosis? Removal of tumor tissue

(Signed) Ferdinand Lee, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: El Paso Texas

Date of Burial: July 5 1926

20 UNDERTAKER: John O Mitchell

ADDRESS: 1201 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12114
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

57 **E 12114**
REGISTERED NO.

CITY OF BALTIMORE: (No.) 4804 Reisterstown ST. (or WARD) 25th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth D. Owens

(a) RESIDENCE NO. 4804 Reisterstown Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex. Owens

6 DATE OF BIRTH (month, day, and year) Sept 4, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) a a Co Md
(State or country)

PARENTS

10 NAME OF FATHER Matthew Hardesty

11 BIRTHPLACE OF FATHER (city or town) A. A. Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Gardner

13 BIRTHPLACE OF MOTHER (city or town) A A Co
(State or country) Md

14 Informant Anna W. Kratzer
(Address) 4804 Reisterstown Road

15 Filed JUL 5 1926 H. C. HAMPSON JONES, Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1926, to July 3 1926.

That I last saw her alive on July 2 1926,

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) ~~Obesity~~ Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lumpkin, M. D.

July 4 1926 (Address) 896 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL July 5 1926

20 UNDERTAKER John Mitchell — ADDRESS 1801 W. Fayette St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12115 E 12115

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md. ST. 8-5 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valiant S. Paige

(a) RESIDENCE No. 2729 E. Chase St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Paige

DATE OF BIRTH (month, day, and year) April 9th 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48		1	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weight Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed 7/31, 1926

C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to July 3, 1926, that I last saw him alive on July 2, 1926 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological and Clini findings

(Signed) [illegible] M. D.

7/31/26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	7-5-1926
20 UNDERTAKER Robert Brooks & Son	ADDRESS Calhoun Hollins

Spec.—12-9-25—A Co.—200 Bks.

E 12116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

173 E 12116

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary.

City of BALTIMORE: (No. St 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Frank Guier

(a) RESIDENCE NO. 221 E North ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia Guier

6 DATE OF BIRTH (month, day, and year): June 15th 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Yard Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Penna. R.R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Penna.

PARENTS

10 NAME OF FATHER: Geo. F. Guier

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Penna.

12 MAIDEN NAME OF MOTHER: Mary E. Mauck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Penna.

14 Informant: Mrs. Virginia Guier

(Address): 221 E. North Ave

15 Filed 5-1926 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-2-1926

17

I HEREBY CERTIFY, That I attended deceased from 6-30, 1926, to 7-2, 1926, that I last saw him alive on 7-2, 1926, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Empyema of gall bladder

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-30-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry W. Wilson Jr., M. D.

7/2, 1926 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: 7/5/1926

20 UNDERTAKER: E. J. Fanning & Son — ADDRESS: 1936 E. Lafayette ave

E 12117

Spec. 1-10-21 M&T 3500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 12117

E 12117

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 W. Lexington St., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary McClane Gent.

(a) RESIDENCE NO. 1306 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joshua Gent

6 DATE OF BIRTH (month, day, and year) Aug. 17—1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	78	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Burlington Carlisle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anne E. Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Carlisle (Address) 1306 W. Lexington St.

15 Filed JUL 5 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1920, to July 3, 1926, that I last saw her alive on July 2, 1926, and that death occurred, on the date stated above, at 11½ A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteris-Sclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard S. Francis M. D.

7/8, 1926 (Address) 1707 Eamondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel Cem	July 5 1926
20 UNDERTAKER	ADDRESS
Chas. E. Francis	802 Madison ave

E 12118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 12118

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1000 So Monr St. 941 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. M. Gettman

(Residence in Baltimore: No. 1214 W. Lexington St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: May 21st (Month) (Day) 1875 (Year)

7-AGE: 5 1 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Gettman

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Carrie Stagg

13-BIRTHPLACE OF MOTHER, (State or Country): Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Gettman

(Address) 1214 W. Lexington St.

15-

Filed ..... 192 C. HAMPSON JONES, M. D. Registrar.

5 - 1926 Per RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2nd (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull (Acc)

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner)

July 6 192 6 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Both

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs....mos....ds. In the State Md yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: July 8 1926

20-UNDERTAKER: H E. Stiles

ADDRESS 231 Ind. Ave Westport

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12119

113 ✓

CERTIFICATE OF DEATH.

REGISTERED NO. E 12119

1-PLACE OF DEATH

City of BALTIMORE (No. 818 Mulgrd Ct 1-3 St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred F Feathers

(a) RESIDENCE NO. 818 Maugred St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) February 13 1926

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	—	4	13 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of indnstry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER William E Feathers

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Lillian M Scott

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant William E Feathers

(Address) 818 Maugold St

15 Filed July 5 1926 C. HAMPSON JONES, M. D. Registrar

5 - 1526 Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsies or inquiry) find that said deceased came to her death on the day stated above, and The CAUSE OF DEATH was as follows:

Tuberculosis Enteritis

Exhaustion

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. 1 ds.

(Signed) C C Yates M. D.

July 6 1926 (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Date of Burial July 7 1926

20 UNDERTAKER M J Linton & Son ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12120

E 12120

CERTIFICATE OF DEATH.

89

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Bank ST., 2nd WARD)

2-FULL NAME George Crawford

(a) RESIDENCE No. 2009 Bank ST., 2nd WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of The late Mary Crawford

6 DATE OF BIRTH (month, day, and year) Nov 4th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Processor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr George Crawford Jr (Address) 2009 Bank St

15 Filed JUL 5 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1924, to July 3, 1926, that I last saw h— alive on July 2, 1926, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Certs - Vascular Dis —

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Angina Pectoris & Hypertrophy

(duration) yrs. mos. 2 days

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of .....

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Dr. L. O. Brand, M. D.

, 19 (Address) 125 W Mt Hwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL July 7 1926

20 UNDERTAKER Peter Nicolaus — ADDRESS 2923 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12121

CERTIFICATE OF DEATH.

74-001

E 12121

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 618 Appleton St. 16-7 Ward)

2-FULL NAME Annie Gertrude Klischies

(a) RESIDENCE NO. 618 Appleton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gabriel Klischies

6 DATE OF BIRTH (month, day, and year): Cheapside & Gunby 8/30/1871

7 AGE: Years 75; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

10 NAME OF FATHER: John Bartman

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany.

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Don't Know

14 Informant: Gabriel Klischies

(Address) 618 Appleton St

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D. (Coroner)

7/4. 19 24 (Address) 2502 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: July 6/24

20 UNDERTAKER: Daniel Earle ADDRESS: Pa ave 918

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12122

CERTIFICATE OF DEATH.

129 E 12122

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Little Wilson St. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Hopkins

(a) RESIDENCE NO. 535 Little Wilson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 42 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hamet Fenton

(Address) 216 Emma ave

15 Filed 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/2/1926

17

I HEREBY CERTIFY, That I attended deceased from 6-28-26, 19, to 7-2-26, 19,

that I last saw her alive on 7-2, 19 26

and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

Uremia - Interstitial nephritis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) duration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Waldron, M. D.

, 19 (Address) 1724 Druid ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: July 6 1926

20 UNDERTAKER: Hamet Fenton — ADDRESS: 916 Druid

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12123

CERTIFICATE OF DEATH.

45 E 12123

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 Styles St 3-1 Ward)

2-FULL NAME Sabino Frizzera

(a) RESIDENCE NO. 1020 Styles St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John B Frizzera

6 DATE OF BIRTH (month, day, and year) July 26 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Vincent Miecheanti

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Margrith Castagnoli

(Address) 1020 Styles

15 Filed 7-1926 G. HAMPSON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to July 3, 1926, that I last saw h__ alive on July 2, 1926, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Peatman, M. D.

7. 3, 1926 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Date of Burial July 5 1926

20 UNDERTAKER Wendell Offelston ADDRESS 375 Nm

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12124
1-PLACE OF DEATH

91-E 12124
REGISTERED NO.

CITY OF BALTIMORE: (No. Aged Mens Home ST. 19-1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raphael M. Martin

(a) RESIDENCE. NO. 1400 W. Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 20. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Elkton City
(State or country) Md

PARENTS

10 NAME OF FATHER Isaac J. Martin
11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey
12 MAIDEN NAME OF MOTHER Julianna Alley
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) —

14 Informant Mrs Lottie B. Fisher
(Address) 1400 W. Lexington St.

15 Filed 5-1926, 19 C. HAMPSON JONES, M. D. Registrar
By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 5, 1926, that I last saw h alive on July 5, 1926, and that death occurred, on the date stated above, at 7. a. m.

The CAUSE OF DEATH* was as follows:
Senility
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis?

(Signed) Jas L. Stogner, M. D.
7-5-, 1926 (Address) 862 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	7/6 26
20 UNDERTAKER	ADDRESS
George J Smith	1832 Hollins

Spec. - 1-10-21 - M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12125

CERTIFICATE OF DEATH.

3 V **E 12125**

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. By Vin White ST. 967 WARD)

2-FULL NAME William Weller

(a) RESIDENCE NO. 309 S. 12th St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Weller

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Weller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christina Weller

(Address) 309 S. 12th St.

FILED JUL 5 - 1926 C. HAMILTON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to July 3, 1926.

that I last saw h alive on July 3, 1926.

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Pneumothorax

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatting M. D.

7/4/1926 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL July 6 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12126

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 12126

1-PLACE OF DEATH

City of BALTIMORE: (No. O'Donnell and 23rd. St. 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Wachmer

(a) RESIDENCE NO. O'Donnell and 23rd. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of August Wachmer

6 DATE OF BIRTH (month, day, and year) May 4. 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Sebastian Hess

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wahl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Caroline Wachmer (Daughter)

(Address) O'Donnell + 23rd St.

Filed ... 1926 C. HAMPSON JONES, M. D. Registrar

5 - 1926 LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1926, to July 2, 1926, that I last saw her alive on July 1, 1926, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Leo Gutelius, M. D.

July 3, 1926 (Address) 1927 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial July 5 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12127

CERTIFICATE OF DEATH.

90

E 12127

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Copper works St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Turner

(a) RESIDENCE NO. 823 S Paloma St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Turner

6 DATE OF BIRTH (month, day, and year) March 2 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto Copper works

9 BIRTHPLACE (city or town)

(State or country) Balto md

PARENTS

10 NAME OF FATHER Albert P Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah Obitz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto md

14 Informant Albert Turner

(Address) 1065 Linwood

Filed 1926 HAMPSON JONES

5 - 1926 LK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral stenosis & regurgitation
Rheumatic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty Coronary Embolism
Sudden

(duration) yrs. mos. ds.

(Signed) James M Benton, M. D.
(Coroner)

7/7 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: July 5 1926

20 UNDERTAKER: Henry Sander & Sons. Inc. — ADDRESS: 1710 Fleet St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12128 ✓ E 12128

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delaid Gibain

(a) RESIDENCE NO. Sykesville Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Jno Gibain.

DATE OF BIRTH (month, day, and year) Oct 21, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER J. J. Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hannt Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Mrs. Herbert Shipley

(Address) R.F.D. Sykesville Md.

Filed 1926 C. RAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 5, 1926

that I last saw h[illegible] alive on July 5, 1926.

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) R S Anderson, M. D.

7/6/26 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster, Md. Harmony Grove Cemetery

DATE OF BURIAL July 7, 1926.

20 UNDERTAKER C. M. Watts.

ADDRESS Mt. Airy, Md.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12129

CERTIFICATE OF DEATH.

E 12129

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE. (No. 2028 E Lafayette St. 8-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida May Blizzard

(a) RESIDENCE NO. 2028 E Lafayette Ave St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel C Blizzard

6 DATE OF BIRTH (month, day, and year): Sept 28, 1869

7 AGE: Years 56. Months 9 Days 6. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Elkton

(State or country): Md.

PARENTS

10 NAME OF FATHER: Theodore Kerns

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary Kane

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Penna

14 Informant: Samuel C Blizzard

(Address): 2028 E Lafayette Ave

15 Filed 7-5-1926 19 G. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to June 3, 1926, that I last saw h.. alive on June 3, 1926, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm, M. D.

7/7, 1926 (Address) 1823 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial July 7 1926

20 UNDERTAKER: Wm Cook ADDRESS Solomons

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12130

CERTIFICATE OF DEATH.

90

E 12130

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. St. 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Holtz.

(a) RESIDENCE NO. 1322 Linden Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Holtz

6 DATE OF BIRTH (month, day, and year) Dec 1841

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
85	yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. E. Holtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nellie Holtz

(Address) 2602 Maryland Ave.

15 Filed 5-1926, 19 A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1926, to July 4, 1926, that I last saw h— alive on July 4, 1926, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency —

(duration) ? yrs. mos. ds.

CONTRIBUTORY Senile Gangrene —

(Secondary)

(duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) D. J. Motta, M. D.

, 19 (Address) Mercy Hospital Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial July 7 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 E North Ave

COMPARED BY JONES

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12131

CERTIFICATE OF DEATH.

E 12131

REGISTERED NO. 185 25-11

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 25-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Burns

(a) RESIDENCE NO. 3 Cedar St. Custis Bay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
41	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER John T Burns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Hatfield

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mary Hatfield

(Address) Virginia

15 Filed....., 19..... C. HAMPSON JONES, Registrar

L5 - 1926 PK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured R Hip

Pulmonary Embolism

(duration) ..... yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

(Signed) James M Hunter M. D.

(Coroner)

7 4, 1926 (Address) Forest Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs. 4 mos. 4 ds. In the State.....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

3 Cedar Ave

Former or usual residence 3 Cedar Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Franklin, Va Date of Burial July 5 1926

20 UNDERTAKER H. M. Cook ADDRESS 502 E Northern

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12132

CERTIFICATE OF DEATH.

E 12132

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1729 E Federal St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Johanna C. M. Hoferkamp

(a) Residence No. 1729 E Federal St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 29 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 4th 1854

7-AGE. 7

71 yrs.	8 mos.	29 ds.	If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establisbment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore Md
(State or Country),

PARENTS.

10-NAME OF FATHER, John H Hoferkamp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary E Rosengarn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant)..... Mrs E Hoferkamp

(Address)..... 1729 E Federal st

15-

Filed..... 192.

C. HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 3rd 1926

17. I HEREBY CERTIFY, That I attended deceased from April 24 1926 to July 3 1926

that I last saw h.... alive on... July 1 1926

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Florentia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senile Metastasis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) John H Fick M. D.

7/7, 1926 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	July 6th 1926

20-UNDERTAKER,	ADDRESS
George Schilling & Sons	112 E Monument st

Spec.—1-10-21—M&T—1500 Bks.

E 12133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90. E 12133

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hampton Court Apts. St. 11-1 Ward)

2-FULL NAME Netta Hurlock Duley

(a) RESIDENCE NO. Hampton Court Apts. ST., WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ? mos. ? ds. How long in U. S., If of foreign birth? 54 yrs. 5 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Naylor Duley

6 DATE OF BIRTH (month, day, and year) May-11-1872

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	54	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Smyrna

(State or country) Delaware

10 NAME OF FATHER Benj. H. Smith

11 BIRTHPLACE OF FATHER (city or town) Smyrna

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Mary R. Riggs

13 BIRTHPLACE OF MOTHER (city or town) Smyrna

(State or country) Delaware

PARENTS

14 Informant Charles H. Duley (husband)

(Address) Hampton Court Apts. City

15 Filed 5-1926 19 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to July 3, 1926, that I last saw h. alive on July 3, 1926, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

17 yrs to my knowledge

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bilateral Pyelitis

Cystitis (duration) 1 week mos. ds.

18 Where was disease contracted if not at place of death? Hospital Smyrna 2 days.

Did an operation precede death? no Date of

Was there an autopsy? no Physical

What test confirmed diagnosis?

(Signed) R. L. Kuhlb, M. D.

, 19 (Address) Wentworth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	July-6-1926
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

E 12134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12134

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1315 W. Mt Royal ave St. 11-1 Ward)

2-FULL NAME Ella Giles Stein

(a) RESIDENCE NO. 1315 W. Mt Royal ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Stein

6 DATE OF BIRTH (month, day, and year): Unknown 1866

7 AGE: Years 59 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Michael Giles

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Ann Hughes

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant: Dr. A. Mostein

(Address) 1315 W. Mt Royal ave

15 Filed 5-1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 25, to July 3rd, 1926

that I last saw her alive on July 3rd, 1926,

and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Malignant Tumor - Mediastinum metastatic, ov

(duration) yrs. 18 mos. + ds.

CONTRIBUTORY (Secondary): Headaches: Cardiac Weakness several

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lockard, M. D.

July 4. 1926 (Address) 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial July 7 1926

20 UNDERTAKER: Chas P. Braud & Son ADDRESS 1180 W. Mt Royal ave

Cor.—12-9-25—A Co.—200 Bks.

E 12135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12135

183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. 14-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earnest Gaudy

(a) RESIDENCE NO. 2023 Druid Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Gaudy

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Worker (duration) ..... yrs. ..... mos. ..... ds.

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

10 NAME OF FATHER John Gaudy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Annie Scott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

PARENTS

14 Informant Annie Scott

(Address) 2023 Druid Hill Ave

Filed ..... 19..... C. HAMPSON JONES, M. D.

Registrar

By .....

6-1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis

about 4 days

CONTRIBUTORY (Secondary) Accidental Homicidal Pistol (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy D. (Coroner)

6/4/1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Farmville Va Date of Burial July 5 1926

20 UNDERTAKER Mrs. Geo. Dennis Mgr. T. E. Kelson

ADDRESS 1303 Eastman St

Cor.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12136

CERTIFICATE OF DEATH.

E 12136

1-PLACE OF DEATH Pronounced dead at
City of BALTIMORE: (No. St Joseph Hospital St., 9-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt. Clyde Small Jr

(a) RESIDENCE NO. 116-16th St S.E. Washington D.C St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of child

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) uhknown

PARENTS

10 NAME OF FATHER Robt. C. Small

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie W. Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant St. Joseph Hospital

(Address)

Filed 7/5/26 C. HAMPSON JONES, M. D.

By Registrar

L6 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed head & chest-Automobile in which he &ithers were occupants turned over at or near Kingsville Md. Accidental (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Carter, M. D.

(Coroner)

7/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Parnwell mct July 6 192

20 UNDERTAKER ADDRESS

Roy W Barber Lutonsville mct

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12137.

CERTIFICATE OF DEATH.

74-07

E 12137.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1817 Baltimore St. 14th Ward)

2-FULL NAME Priscilla Jones

(a) RESIDENCE NO. 1501 Division Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) about 1851

7 AGE: Years 74 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Dora Jones

(Address) 1501 Division Ave

15 Filed 6-1926 19 C. HAMPSON JONES, M. D.

Registrar

For GKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Kennedy M. D.

(Coroner)

19 26 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn | Date of Burial: 7/6/1926

UNDERTAKER: Geo. T. A. Gibson | ADDRESS: 1735 David St.

Spec.—1-10-21—M&T—1500 Bks.

E 12138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12138

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3344 Chestnut Av ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Ruth Long

(a) RESIDENCE No. 3344 Chestnut Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2-1907

7 AGE — Years: 19 — Months: 4 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co

10 NAME OF FATHER: John Barham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Lovisa Lampert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

PARENTS

14 Informant (Address): John Barham Cockeysville

15 Filed 6-1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1926, to July 4, 1926, that I last saw her alive on July 4, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute bacterial endocarditis (Streptococcus viridans)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Cockeysville, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) [illegible], M. D.

July 5 1926 (Address) 3429 Chestnut Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood Balto Co

DATE OF BURIAL: July 7 1926

UNDERTAKER: W. E. Brooks & Sons

ADDRESS

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12139

E 12139

CERTIFICATE OF DEATH. [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2000 McElderry ST., WARD)

2-FULL NAME Joseph Johnson

(a) RESIDENCE No. 2000 McElderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 4 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Wm. L. Johnson

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Lewalski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

Informant Wm. Lee Johnson

(Address) 2000 McElderry St.

Filed Dec 6 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 4, 1926, to July 4, 1926.

that I last saw him alive on July 4, 1926,

and that death occurred, on the date stated above, at 3 40 p.m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis.
R.O.P. Perforation. Delivery by Version

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Albert L. Singewald M. D.

7/4/1926 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

DATE OF BURIAL 7/6 1926

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12140

74-001

E 12140

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1239 Main St. mt Winans. 25-5 Ward)

2-FULL NAME Laura A. Larkin

(a) RESIDENCE NO. 1239 Main St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) Nov. 17. 1868

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
57	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge Md.

(State or country)

PARENTS

10 NAME OF FATHER John H. Larkin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. J.

12 MAIDEN NAME OF MOTHER Ann Larkin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant John J. Larkin

(Address) 1241 Main St. (Mt. Vernon)

15 Filed 1925 - 1926 HAMPSON JONES,

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 19 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 29th 19 26 to July 3rd 19 26, that I last saw h. alive on July 3rd 19 26, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? no Date of ~

Was there an autopsy? ~ Physical diagnosis

What test confirmed diagnosis?

(Signed) J. A. Shulze-Hower M. D.

1926 7/4. (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: July 6 1926

UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 12141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12141

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. ST., 12-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Harold Bradshaw

(a) RESIDENCE NO. 1088. 20th ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Reta Bradshaw

6 DATE OF BIRTH (month, day, and year) Oct 3, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stockkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER J. P. Bradshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Katie Rowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Husband. (Address) C. HARRISON JONES, M. D.

15 Filed JUL 6 1926, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to July 5, 1926, that I last saw him alive on July 5, 1926, and that death occurred, on the date stated above, at 10.30 Am.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation.
Rheumatic fever.

(duration) 16 yrs. mos ds.

CONTRIBUTORY (Secondary) Pancarditis.

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno A Templeton M. D.

, 19 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dual's Island, Md. DATE OF BURIAL 7/6, 1926

20 UNDERTAKER E. D. Fanning & Son - 1938 E Lafayette Ave ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12142

CERTIFICATE OF DEATH.

E 12142

REGISTERED NO. 129

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. Ward) 13

2-FULL NAME Abbie C. Darnell

(a) RESIDENCE NO. 2735 N. Lafayette Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Darnell

6 DATE OF BIRTH (month, day, and year) March 6, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Screw Man

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Tobacco Working

(c) Name of employer 086

9 BIRTHPLACE (city or town) Md.

(State or country)

10 NAME OF FATHER Thos. Darnell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Sweare

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

PARENTS

Informant Jones M. Darnell

(Address) 2735 N. Lafayette Ave.

Filed ..... 19 ..... C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 4, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute uremia

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. Inter. Nephritis

(duration) 2 yrs. ....mos. ....ds.

(Signed) C. T. Hennegan M. D.

(Coroner)

19 24 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial July 7 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12143

CERTIFICATE OF DEATH.

E 12143

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO.

City of BALTIMORE: (No. Broadway & Fairmount St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Blanch

(a) RESIDENCE NO. 512 S. Montford Ave St. Ward 5E

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Blanch

6 DATE OF BIRTH (month, day, and year) Nov 16, 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER John Hatther

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Harmon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant George W. Blanch

(Address) 512 S. Montford Ave

Filed ....., 19 C. HAMPSON JONES, Registrar

DL5 - 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 July 4, 1926

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 4, 1926

that I last saw her alive on July 4, 1926

and that death occurred, on the date stated above, at 7: P m.

The CAUSE OF DEATH* was as follows:

Cholethiasis

Cholecystitis Acuta

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bile Peritonitis

24 hrs (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of July 4, 1926.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George B Buell, M. D.

. 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Date of Burial July 7 1926

20 UNDERTAKER W. Cook ADDRESS 502 E North Ave

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12144

161-001

E 12144

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Druid Hill ST. 14-1 WARD)

2-FULL NAME Infant of Alexander & Mabel Jones

(a) RESIDENCE NO. 2033 Druid Hill ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 1st 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) .....
(State or country) Md.

10 NAME OF FATHER Alexander Jones

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mabel Johnson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

Informant Alexander Jones
(Address) 2033 Druid Hill Ave

JUL 6 - 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 5, 1926,

that I last saw h alive on July 5, 1926

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Malformation of Intestines
Exhaustion
(7 mos. Birth)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Premature Birth
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Ben Klutz, M. D.

(Address) 2134 D H Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	July 5th 1926
UNDERTAKER	ADDRESS
Hannon & Gilbert	2604 Kerby

Spec.—12-9-25—4 A C[illegible] 206 Fl[illegible]

E 12145 HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 12145

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 833 Wellington Ave

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Louis & Pearl Spinkes

(a) RESIDENCE NO. 833 Wellington Ave

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 3 1926

7 AGE — Years: 0 — Months: 0 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Louis R Spinkes

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER: Pearl Johnson

13 BIRTHPLACE OF MOTHER (city or town): Allen

(State or country) Va

14 Informant: Louis R Spinkes

(Address) 833 Wellington Ave

Filed July 6 1926 C. HAMPSON JONES, M. D., Registrar

By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 4, 1926, that I last saw h[illegible] alive on July 4, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) —

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Cunningham M. D.

July 4, 1926 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — Date of Burial: July 5 1926

20 UNDERTAKER: Ehesowitz & Son — ADDRESS: 367 Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

Minnie Doby

E 12146

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 E 12146

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto Co Hospital St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Doby

(a) RESIDENCE NO. 174 Earle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 12 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co

(State or country)

PARENTS

10 NAME OF FATHER Robert E. Doby

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Catherine Bourgeois

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Jefferson City

14 Informant Robt E. Doby Uncle

(Address) 174 Earle

15 Filed JUL 6 - 1926 C. F. THOMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Bullet wound through her brain

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Hemorrhage - Brain 4 hrs.

(duration) .....yrs. .....mos. .....ds.

(Signed) James M. Fenton M. D.
(Coroner)

7-6, 1926 (Address) 700 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial July 7 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

E 12147 — 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12147

CERTIFICATE OF DEATH.

6-2 90

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2003 Lincoln Court St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Carter

(a) RESIDENCE NO. 2003 Lincoln Court St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) (Mind)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Sally Brown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Richard Richardson

(Address) 2012 Lincoln Court

JUL 6 1926 C. KEMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditial Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) "History of Asthma"

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Carter M. D.

(Coroner)

7/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs. ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial July 7, 1926

20 UNDERTAKER Edward Bryan ADDRESS 1681 orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 12148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 12148

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 Clarkson St. St. 23-1 Ward)

2-FULL NAME Charles Mitchell (C)

(a) RESIDENCE NO. 1130 Clarkson St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. ---- mos. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed 7-6-1926 G. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Wm. Kessler M. D.
(Coroner)

7/6, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Evergreen Date of Burial July 6 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12149

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 W. Lexington St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Martha Robinson

(a) Residence No. 1620 W. Lexington St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown 1847

7-AGE. 79 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Virginia

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Unknown

14-(Informant)..... Mrs. L. J. Mack

(Address)..... 2133 N. Bell Ave.

15-Filed..... 1926 Per..... C. NAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/3/26

17- I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925 to July 2nd 1926.

that I last saw her alive on July 2nd 1926,

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

7/6/ (Signed) C. M. Lawrence, M. D.

, 19 26 (Address) 1232 W. Mosher St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Interment

DATE OF BURIAL, 7/6/ 19 26

20-UNDERTAKER Samuel Townsley

ADDRESS 578 N Bidde

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12150

E 12150

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 W. Franklin St. WARD 20 5 44)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Roselee Morris

(a) RESIDENCE NO. 1832 W. Franklin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Female	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Morris

7 DATE OF BIRTH (month, day, and year) Sept 4 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

10 NAME OF FATHER Elmer Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Lida L. Heinecken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

Informant Leon Morris

(Address) 1832 W. Franklin St

Filed JUL 16 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to July 4, 1926.

that I last saw her alive on July 4, 1926.

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Phila. Pa

Did an operation precede death? yes Date of Oct 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation Phila Pa

(Signed) J G Love M. D.

7/5 1926 (Address) 720 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	July 6 1926
20 UNDERTAKER	ADDRESS
Jos Jourdens Son	217 S. Bro

Spec.—12[illegible]—A Co.—200 Bks.

19418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12151

CERTIFICATE OF DEATH.

E 12151

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 71 Ward)

2-FULL NAME Mr. Lemuel Sharp.

(a) RESIDENCE NO. Commerce Ga. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 64; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Georgia.

10 NAME OF FATHER C. F. Sharp.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ga.

12 MAIDEN NAME OF MOTHER Mary Harrison

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ga.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

Filed 16 - 1926 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25th 1926, to July 6th 1926, that I last saw h[illegible]live on July 6th 1926, and that death occurred, on the date stated above, at 12-0 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Head of Pancreas

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatic Insufficiency.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Commerce Ga.

Did an operation precede death? Yes Date of July 2.

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) E. E. James, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Commerce Ga. Date of Burial: July 6 1926

20 UNDERTAKER: Wm. E. Black ADDRESS 927 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12152 E 12152

CERTIFICATE OF DEATH.

20-120

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 Caton Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William J. Decker

(Residence in Baltimore: No. 601 Caton ave St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. Apr (Month) 19th (Day) 1893 (Year)

7-AGE. 33 yrs. 2 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chauffer 23
(b) General nature of industry, business, or establishment in which employed (or employer). Employed by Bro[illegible] & Co

9-BIRTHPLACE, (State or Country). Balto

10-NAME OF FATHER. Harry E. Decker

11-BIRTHPLACE OF FATHER, (State or Country). Balto, md

12-MAIDEN NAME OF MOTHER. Louise Wirth

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Thomas

(Address) 601 Caton Ave

Filed 7-6 - 1926 C. HAMPSON JONES, M.D. Registrar.

per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4th (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an. Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Brain

at once

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Suicide - Shot

Self through head

(Duration) ..... mos. ..... ds.

(Signed) Chas. E. Norton M. D. (Coroner.)

July 4 1926 (Address) Curtis Bay Balto md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, July 6th 1926

20-UNDERTAKER, F. B. Shepherd ADDRESS 850 W Balto St

Spec—12-23-21—E.B.R.S.—400 Eks.

E 12153 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1131 Division St

City of BALTIMORE: (No. 1131 Division St., 17-1 Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bertha Taylor.

(a) Residence No. 1131 Division St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Aaron Taylor.

7-DATE OF BIRTH (month, day and year) 3-15-1881

8-AGE. 45 yrs. 2 mos. 20 ds.

If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook.

(b) General nature of industry, business, or establishment in which employed (or employer) Private Families

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Cumberland, Maryland.

10-NAME OF FATHER, Jeremiah Bates

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Cumberland Md. Maryland.

12-MAIDEN NAME OF MOTHER, Betsy King

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Cumberland Maryland.

(Informant) Lucy Hampton

(Address) 1132 Division St.

Filed ..... 19?

C. HAMILTON JONES, M. D. Registrar.

JUL 6 - 1926 Reg.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 5-1926

17- I HEREBY CERTIFY, That I attended deceased from March 23rd 1926 to July 5th 1926, that I last saw her alive on June 28th 1926 and that death occurred, on the date stated above, at 10.20 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Grinnell Fargo, M. D.

, 19 (Address) 1937 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cumberland, Md.

DATE OF BURIAL, July 8, 1926

20-UNDERTAKER, Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12154

CERTIFICATE OF DEATH.

38 E 12154

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 152 Irvin st. Irvington ST. 20-1 WARD)

2-FULL NAME Hannah M. Crohen

(a) RESIDENCE NO. 152 Irvin St. Irvington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs 3 mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Crohen

6 DATE OF BIRTH (month, day, and year) April 1, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	47	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory girl

(b) General nature of industry, business, or establishment in which employed (or employer) Finisher

(c) Name of employer Pittsburg Glass Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John T. Hopkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mr. John B. Crohen
(Address) 152 Irvin St. Irvington

15 Filed 1926 C. HAMPSON JONES, M. D., Registrar
For CHJ

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to July 4, 1926, that I last saw h[illegible] alive on July 2, 1926, and that death occurred, on the date stated above, at 4.00 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

..... (duration) ..... yrs. 5 mos 17 ds.

CONTRIBUTORY (Secondary) Yes

..... (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [signature] M. D.

7/6 1926 (Address) 1729 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 8 1926
20 UNDERTAKER Wilson E. Styles	ADDRESS 231 Md. Ave Westport
London Park Cemetery	

...ec.—1-12-23—M&T—500 Blks.

E 12155 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12155

CERTIFICATE OF DEATH 100-001

1-PLACE OF DEATH University Hospital REGISTERED NO. 76-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard & Greene ST., WARD)

2-FULL NAME Gerard William Behr Jr

(a) RESIDENCE NO. 3503 Fairmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 26-1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Gerard Wm Behr Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ruth T. Benhoff.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Gerard W. Behr.

(Address) 3503 E. Fairmount ave

Filed 6-1926, 19 C. HAMPSON JONES, M.D. Registrar

by GHK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to July 3, 1926, that I last saw him alive on July 3, 1926, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Emphysema Et. al.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? (Tuberculosis)

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Thoracentesis

(Signed) R.S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	July 7th 1926
20 UNDERTAKER	ADDRESS
Kelly & Zeiler	403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12156

CERTIFICATE OF DEATH.

1929 **E 12156**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 741 S. Chapel St St., 21 Ward)

2-FULL NAME Pauline Penskey.

(a) **RESIDENCE NO.** 741 S. Chapel St. St., 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Penskey.

6 DATE OF BIRTH (month, day, and year): Sept. 14-1844

7 AGE — Years: 81 | Months: 9 | Days: 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Germany.

10 NAME OF FATHER: Michael Lubinski

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Antoinette Caulfield

(Address) 741 S. Chapel St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

16 - 1926 By CKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to July 3, 1926

That I last saw h... alive on July 3, 1926

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows: Disintegration of Myocardium - (General Senility)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary): Bright's Disease

(duration) 1 yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valenti M. D.

July 5, 1926 (Address) 14 S. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial July 7 1926

20 UNDERTAKER: D. Lilly and Sons. ADDRESS 403 S. Wolfe St.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12157.

CERTIFICATE OF DEATH.

31

E 12157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-1 E. B. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel Boyer

(a) RESIDENCE NO. 635 Cider Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Solomon Boyer

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER O. parker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Hospital Records

(Address)

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

7 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to July 2, 1926.

that I last saw h er alive on July 2, 1926.

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. E. Gatton, M. D.

7-2-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUL 6 1926

UNDERTAKER D. [illegible]

ADDRESS [illegible]

JUL 6

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12158 — CERTIFICATE OF DEATH. — 161-001 E 12158

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1727 W. Franklin St., 19-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Carter

(a) Residence No. 1727 W. Franklin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) July 5, 1926

8-AGE, ... yrs. ..... mos. 1 hr. ..... ds. If LESS than 1 day, 1 hrs. or ..... min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

BIRTHPLACE (city or town) Baltimore, Md. (State or Country),

10-NAME OF FATHER, Philip James Carter

11-BIRTHPLACE OF FATHER (city or town) Maryland (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Amanda Blay

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

(Informant).....

(Address).....

Filed ..... 192 C. HAMPSON JONES, M. D. Registrar.

- 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1926 to July 5 19 26, that I last saw h.[illegible] alive on July 5 19 26, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:
Prematurity (cause unknown)

.....(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

.....(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eva F. Dodge M. D.

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, UNIVERSITY OF MARYLAND — DATE OF BURIAL, ... 19....

20-UNDERTAKER, — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 12159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 12159

Registered No. 1671

City of BALTIMORE: (No. 410 W. Hoffman St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Johnson

(a) Residence No. 410 W. Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) 6/29/26

8-AGE, — yrs. — mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

10-NAME OF FATHER, Paul Perkins

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Nellie Marie Johnson

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

(Informant) Nellie Marie Johnson

(Address) 410 W. Hoffman St.

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/2/26

17- I HEREBY CERTIFY, That I attended deceased from 6/29 1926 to 7/1 1926 that I last saw h. alive on 7/1 1926 and that death occurred, on the date stated above, at 5-30 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

Cause Unknown

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Findings

(Signed) Esra F. Dodge M. D

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, July 2, 1926

20-UNDERTAKER, ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12160

CERTIFICATE OF DEATH.

74-001

E 12160

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Chelsea Pl Ave, west Fitting ST. 11-3 WARD)

2-FULL NAME George Frank Baily

(a) RESIDENCE No. 1025 St Paul St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Carey Baily

DATE OF BIRTH (month, day, and year) Aug 5 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) Drugs 045

(c) Name of employer Self

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER James Baily

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha P. Wood

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Maryland

Informant Carey Baily

(Address) 1025 St Paul St

Filed 7-6-1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5 1926

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to July 5, 1926,

that I last saw him alive on July 5, 1926,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. O. Hebert, M. D.

7/6, 1926 (Address) 1403 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 7 1926
UNDERTAKER	ADDRESS
John B. Spence	1325 N Caroline St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12161 **E 12161**

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2004 E 30th ST. 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Marie Richards

(a) RESIDENCE NO. 2004 E 30th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul R. Richards

DATE OF BIRTH (month, day, and year): June 30 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	—	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Wm A. Bushman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Georgie Farrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mrs Wm A Bushman

(Address) 2044 E. 30th St

Filed — 19 — Registrar

HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 5, 1926, that I last saw h[illegible] alive on July 5, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mahoney M. D.

7/5, 1926 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leamon's Cem

DATE OF BURIAL: July 7 1926

20 UNDERTAKER: Wm Lieberman

ADDRESS: North

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12162

E 12162

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3221 Lyndale Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David W. Van Vleck

(a) RESIDENCE NO. 3221 Lyndale Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 Color or Race white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne M. Rudegeas

6 DATE OF BIRTH (month, day, and year) 8/10/1865

7 AGE Years 60 Months 10 Days 24 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Federal

(c) Name of employer Tin Co.

9 BIRTHPLACE (city or town)

(State or country) N. J. Utah

10 NAME OF FATHER Wm. Van Vleck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.J. State

12 MAIDEN NAME OF MOTHER Kathryn Van Vleck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.J. State

14 Informant Mrs. Anne Van Vleck

(Address) 3221 Lyndale Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

6-1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1926., to July 4th, 1926., that I last saw him alive on July 2nd, 1926., and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A. Hot, M. D.

, 19 (Address) Arcola 7/6/26.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial 7/7 1926

20 UNDERTAKER George D. Ruth ADDRESS 1725 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12163

CERTIFICATE OF DEATH.

90

E 12163
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1214 Aisquith St. 10-2 WARD)

2-FULL NAME Bernardine Probst

(a) RESIDENCE NO. 1214 Aisquith St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman E Probst

DATE OF BIRTH (month, day, and year): 12/6/1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Michael Treag

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Treag

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Herman E Probst

(Address) 12 Aisquith St

FILED: 7/6 1926 HAMPSON JONES, M. D. Registrar

L6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 28th, 1926, to July 6th, 1926, that I last saw her alive on July 1st, 1926, and that death occurred, on the date stated above, at 1304 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Signs

(Signed) Lemuel McCaffrey, M. D.

7/6, 1926 (Address) 1114 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: 7/7 1926

20 UNDERTAKER: George J Ruth ADDRESS: 1730 Harford

Spec.—1-10-21—M&T—1500 Bks.

12164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12164

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 S. Bouldin Street (ST.) 26-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William . Bialecki

(a) RESIDENCE NO. 1115 S. Bouldin Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 15 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mr. John. Bialecki

(Address) 1115 S. Bouldin Street

Filed ... 19... C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5/26

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 4, 1926, that I last saw h[illegible] alive on July 4, 1926 and that death occurred, on the date stated above, at 1 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Handler, M. D.

, 19 (Address) 3025 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: July 8 1926

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank St

...e.—1-12-23—M&T—500 Bks.

E 12165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12165

CERTIFICATE OF DEATH.

24-09

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2045 E Fairmount ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothea Rasmussen

(a) RESIDENCE NO. 2045 E Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or) WIFE of Anton Rasmussen

DATE OF BIRTH (month, day, and year) 10-27-1849

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	8	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Wachsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Wohrn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Anton Rasmussen

(Address) 2045 E Fairmount

Filed ..., 19 ... Registrar

...-1926 THAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to July 6, 1926, that I last saw h... alive on July 6, 1926, and that death occurred, on the date stated above, at 10 a, m.

The CAUSE OF DEATH* was as follows:

Apoplexy, (Natural)

(duration) ... yrs. ... mos 24 ds.

CONTRIBUTORY (Secondary) Arterial Embolism

(duration) ... yrs. ... mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Brinsfield, M. D.

6-24, 19 (Address) 2617 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 8 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

Cor.—12-9-25—A Co.—200 Bks.

Sody

12166

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

CERTIFICATE OF DEATH.

E 12166

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 440 S. Robinson St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Sody

(a) RESIDENCE NO. 440 S. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. 9) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: Joseph Sody

6 DATE OF BIRTH (month, day, and year): Aug 5 1857

7 AGE: Years 68 | Months 11 | Days 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 1037

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town): Philadelphia

(State or country)

10 NAME OF FATHER: Cornelius Thum

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Eva Jane

(Address) 440 S Robinson

15 Filed 19 C. HAMPSON JONES, M. D.

1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Old Age

(duration) yrs. mos. ds.

(Signed) James H Reuben, M. D.

(Coroner)

July 6 1926 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: July 8 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12167

E 12167

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 756 W. Fayette St. 4-1 Ward)

2-FULL NAME John S. Carter

(a) RESIDENCE NO. 756 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W. Carter

6 DATE OF BIRTH (month, day, and year) Aug 24, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Excelsior

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

10 NAME OF FATHER Samuel Carter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Seager

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jane O. Carter

(Address) 756 W. Fayette St

15 Filed 1926 WILLIAMSON JONES, LL

6 - 1926 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 dy.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) G. C. Yates M. D.

(Coroner)

June 26 (Address) 143 E. 33 Way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial July 8 1926

20 UNDERTAKER Mr. & Mrs. J. W. Zenfel ADDRESS 801 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 12168 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12168

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Light St S. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah G. Bowinkelman

(a) RESIDENCE NO. 1816 Light St. ST., WARD

(Usual place of abode) Life (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C. Bowinkelman

DATE OF BIRTH (month, day, and year) March 31, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	3 2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Michael Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Louis C. Bowinkelman

(Address) 1815 Light St

Filed , 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1926, to July 3, 1926,

that I last saw her alive on July 3, 1926,

and that death occurred, on the date stated above, at 6 40 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Wm E Stifler, M. D.

7/3, 1926 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Cathedral Cem	July 7 1926
UNDERTAKER	ADDRESS
Harry A. Witzke	153 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 12169 HEALTH DEPARTMENT—CITY OF BALTIMORE

31

CERTIFICATE OF DEATH.

REGISTERED 12169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., 167 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Elizabeth Pinkney

(a) RESIDENCE No. 619 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Maryland. (State or country)

10 NAME OF FATHER John Pinkney

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Ray Williams

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Balto. City Hospital (Address)

Filed 1926 Per WM. H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to July 3, 1926, that I last saw her alive on July 3, 1926, and that death occurred, on the date stated above, at 10 25 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tuberculosis + Tuberculous Peritonitis (2 mos) -

(duration) Unknown yrs. mos ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home -

Did an operation precede death? Yes, Date of July 2, 1926 Exploratory Laparotomy

Was there an autopsy? No

What test confirmed diagnosis? Operation & Clinical Signs

(Signed) W. B. Aycock, M. D.

, 19 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL July 7 1926

20 UNDERTAKER Peter F. Miller 1515 Madison Ave ADDRESS

E 12170 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12170

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Roosevelt Park St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph W. Smith Sr

(Residence in Baltimore: No. 914 W 38 St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, yes (Write the word.)

6-DATE OF BIRTH, June 23 1863 (Month) (Day) (Year)

7-AGE, 63 yrs. mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Father
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

10-NAME OF FATHER. Jos Smith

11-BIRTHPLACE OF FATHER, (State or Country). md

12-MAIDEN NAME OF MOTHER. Elizabeth Hutchinson

13-BIRTHPLACE OF MOTHER, (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. E. Arthur

(Address) 914 W 38 St

Filed..... 192.. C. HAMPSON JONES, M. D. Registrar.

7 - 1926 Plac. E.H.C.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) John J. Morrissey M. D. (Coroner.)

7-6 192.. (Address) 432 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, July 7 1926

20-UNDERTAKER, Ebenezer Sherwood Son — ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

12171

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12171

CERTIFICATE OF DEATH.

REGISTERED NO. 76-7 13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 High St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A. Ernst

(a) RESIDENCE NO. 135 11th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	—

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 22 1925

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	7	13	/

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto Md (State or country)

10 NAME OF FATHER Frank Ernst

11 BIRTHPLACE OF FATHER (city or town) Martinsburg Va (State or country)

12 MAIDEN NAME OF MOTHER Helen Eckhart

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

Informant Mrs Helen Ernst

(Address) 135 11th St.

Filed JUL 7 1926 19 C. HAMPSON JONES, M.D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 5, 1926.

that I last saw her alive on July 5, 1926.

and that death occurred, on the date stated above, at 3:20 p. m.

The CAUSE OF DEATH* was as follows:

Acute Entero-Colitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Israel J. Feinstein, M. D.

7/6, 1926 (Address) 2007 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Hill

DATE OF BURIAL July 7 1926

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1901 E Fort Ave

...ec.—1-12-23—M&T—500 Bks.

E 12172 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 3

CITY OF BALTIMORE: (No.) Lombard (St.) (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hase

(a) RESIDENCE NO. 4734 Park Heights Ave. (St.) WARD York Pa
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 25 1912

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	11	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) York, Pa.

10 NAME OF FATHER Charles Hase

11 BIRTHPLACE OF FATHER (city or town) (State or country) York, Pa.

12 MAIDEN NAME OF MOTHER Annie Ems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Pa.

Informant Mrs. Annie Hase
(Address) 52 S. Pine St. York Pa

Filed C. HAMPSON JONES, M. D., Registrar
1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to July 6, 1926, that I last saw h... alive on July 6, 1926, and that death occurred, on the date stated above, at 2:43 P m.

The CAUSE OF DEATH* was as follows:

Cerebellar Tumor

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. 1 mos. 1/2 ds.

18 Where was disease contracted if not at place of death? York Pa.

Did an operation precede death? Yes Date of 7-6-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. E. Dandy, M. D.

July 6 1926 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa.

DATE OF BURIAL July 7 1926

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North Ave

Form.—1-12-23—M&T—500 Bks.

E 12173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH SYDENHAM HOSPITAL REGISTERED NO. 7108

CITY OF BALTIMORE: (No. ..... ST., 1743 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph O. Dunn

(a) RESIDENCE No. 2440 Guilford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of .....

DATE OF BIRTH (month, day, and year) Jan 13. 1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	5	13.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy St. Ann's

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer "

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Robert B Dunn

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Emily De Mers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Mrs Jos O. Dunn
(Address) 500 E. 21st St.

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 6, 1926, that I last saw h~~im~~ alive on July 6, 1926, and that death occurred, on the date stated above, at 4:7 a. m.

The CAUSE OF DEATH* was as follows:

Staphylococcus Meningitis

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Tull, M. D.

7/6, 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	July 7 1926
20 UNDERTAKER	ADDRESS
Mary M. Wiedefeld.	501 E 22nd St

CV - 4926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12174

E 12174

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Lansing ST. 8-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Buettner

(a) RESIDENCE NO. 1703 Lansing ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Buettner

DATE OF BIRTH (month, day, and year) March 31, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3.	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Ferdinand Buettner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Ries

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mary M. Buettner 1703 Lansingan

Filed 1926 . 19 C. HAMPSON JONES, M. D. Registrar

Per GHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 19 26

17

I HEREBY CERTIFY, That I attended deceased from Apr. 12, 19 26. to July 6, 19 26.

that I last saw him alive on July 5, 19 26.

and that death occurred, on the date stated above, at 7 55 a m.

The CAUSE OF DEATH* was as follows:

Hypertention

Chronic Parenchymatous Nephritis

Mitral Regurgitation

Diabetes Coma

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine Tests

(Signed) Thos F. Stevens, M. D.

7/6, 19 26 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemy DATE OF BURIAL July 8, 1926

20 UNDERTAKER Henry Kouck & Son ADDRESS 1301 E Eager

Spec.—1-10-21—M&T—1500 Bks.

E 12175 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 5-1 WARD)

REGISTERED NO. 75-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L Rice

(a) RESIDENCE NO. 153 East ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Negro	[redacted]

6 If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) unknown (State or country) Va

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant City Hospital Records (Address)

Filed JUL 7 - 1926 C. HAMPSON JONES, M.D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to July 5, 1926, that I last saw him alive on July 5, 1926, and that death occurred, on the date stated above, at 1 15 Pm.

The CAUSE OF DEATH* was as follows:

Arteriol Sclerosis

Hypertension

Residual left Hemiplegia ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? General Laboratory

(Signed) R Hoopes Smith, M. D.

July 6 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashbury Cemetery	July 8 1926
UNDERTAKER	ADDRESS
Chris. J. Johnson	416 N. Carolina

Cor.—12-9-25—A Co.—200 Bks.

AUSTON

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12176

113

E 12176

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 637 Eastern St., 22-1 Ward)

2-FULL NAME Madalene Auston

(a) RESIDENCE NO. 637 Eastern St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 19 1925

7 AGE: Years 1 Months 8½ Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto

10 NAME OF FATHER Henry Auston

11 BIRTHPLACE OF FATHER (city or town):

(State or country) New Bern S.C.

12 MAIDEN NAME OF MOTHER Annie Eaton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) " " "

14 Informant Henry Auston

Address 637 Eastern Ave

Filed ..... 19 .....

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastritis (Erroneous diet)

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 hr.

July 6 (Signed) G C Hades, M. D. (Coroner)

19 26 (Address) 1143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemtry — Date of Burial: July 7 1926

UNDERTAKER: Ernest Pree — ADDRESS: 1129 W Hemlock st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12177

CERTIFICATE OF DEATH.

51

E 12177

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 N. Bond St. 61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annabell Boone

(a) RESIDENCE NO. 114 N Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1910

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	16			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

8 BIRTHPLACE (city or town): North

(State or country) Carolina

10 NAME OF FATHER Walter Boone

11 BIRTHPLACE OF FATHER (city or town):

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Maggie Albritton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) North Carolina

14 Informant Maggie Boone

(Address) 114 N Bond

15 Filed 1926 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 5, 1926, that I last saw h-e alive on July 4, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Signs

(Signed) Geo. S. Allen, M. D.

July 5 1926 (Address) 508 Somerset

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kinston N. C — Date of Burial: July 7 1926

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 12178 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12178

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. 14-2 161-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rebèle

(a) RESIDENCE No. Tudor Hall Apt ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6½ hrs. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 2 1926

AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or 30 min.
	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore City
(State or country)

10 NAME OF FATHER Robert Henry Rebele

11 BIRTHPLACE OF FATHER (city or town) Pittsburg
(State or country) Pa

12 MAIDEN NAME OF MOTHER Martha Rice

13 BIRTHPLACE OF MOTHER (city or town) Bentonville
(State or country) Arkansas

Informant
(Address)

Filed 7 - 1926 19 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to July 2, 1926, that I last saw her alive on July 2, 1926, and that death occurred, on the date stated above, at 1-50 P m.

The CAUSE OF DEATH* was as follows:

Prematurity due to
marginal placenta praevia
Pregnancy of 29 wks duration

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. Arthur York M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carnegie Laboratory

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12179

CERTIFICATE OF DEATH.

162

E 12179

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., ____ Ward)

2-FULL NAME Richard Lambert

(a) RESIDENCE NO. New Windsor St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 7-4-26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) Md

10 NAME OF FATHER Truman Lambert

11 BIRTHPLACE OF FATHER (city or town)____

(State or country) Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)____

(State or country) Md.

14 Informant Truman Lambert

(Address) New Windsor, Md.

17 - 1926 Filed____ C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Umbilical

9 hr Newborn

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) not known

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Raymond S. Fischer, M. D.

(Coroner)

, 19 26 (Address) 32 S Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?____

Former or usual residence____

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Date of Burial

D. Winters Lawn July 8 1926

20 UNDERTAKER ADDRESS

L. H. Weimer New Windsor Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12180 CERTIFICATE OF DEATH. 40 **E 12180**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 22-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Vessell

(a) RESIDENCE NO. 141 Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

3 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER — Vessells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant City Hospital Records
(Address)

Filed July 7 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to July 5, 1926, that I last saw him alive on July 4, 1926, and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
Chronic Myocarditis
Chronic Bronchitis
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

July 6 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edlow Wks Va	July 7/926
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12181

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 12181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 234 N. Gilmor ST., 19-1 WARD)

2-FULL NAME Louisa Warren

(a) RESIDENCE NO. 234 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ William H. Warren

DATE OF BIRTH (month, day, and year) Sept 8- 77

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	9	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant William H. Warren

(Address) 234 N. Gilmor

Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 — 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2 — 1926 to July 6 — 1926

that I last saw h[illegible] alive on July 5 — 1926

and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

Uncertain (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. Coleman M. D.

July 19 26 Address 923 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Paynes Cem. Wash. D.C.	July 9 1926
20 UNDERTAKER	ADDRESS
Jno W. Chase & Son	1400 Madison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12E 12182

12182

1 PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1111 Thames St 5th WARD)

2-FULL NAME Selacare Sales

(a) RESIDENCE NO. 1111 Thames ST., 5 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicola Sales

7 DATE OF BIRTH (month, day, and year) unknown. 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Aaron Sales

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Jane Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Nicola Sales

(Address) 1111 Thames St.

Filed 7-5, 1926 C. HAMPSON JONES, M. D. Registrar

Per GHC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1926, to July 3, 1926.

that I last saw him alive on July 3, 1926,

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Robert J. Green, M. D.

7-5, 1926 (Address) 120 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	July. 7. 1926
20 UNDERTAKER	ADDRESS
Mitchell & Davis	316 N Eden St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12183

CERTIFICATE OF DEATH.

185 E 12183

1-PLACE OF DEATH

City of BALTIMORE: (No.) Druid Hill Ave. (St.) 2nd (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Breuture

(a) RESIDENCE NO. 2837 Grantmoor Ave. (St.) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 13 - 1890

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	10	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country) Balto Md

10 NAME OF FATHER: George Breuture

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Ellen Mc Closkey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Hospital Records

(Address)

Filed 7-1926 19 C. HAMPSON JONES M.D. Registrar.

Recorded 7-1926 by

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4-1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and from Records (Records, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Lacerated Spinal Cord 12 Thorace Vertebra due to a Fall

Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Lowndes M. D.

(Coroner)

7-6 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

Date of Burial: July 8 1926

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 524 E Eager St.

Spec.—1-10-21—M&T—1500 Blks.

E 12184 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 208 Mc Mechen St., 14-2 WARD)

2-FULL NAME Dr. Michael S. Butler

(a) RESIDENCE No. 208 Mc Mechen ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilly Henshaw Butler

DATE OF BIRTH (month, day, and year) Oct 25. 1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72	8	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Va

10 NAME OF FATHER Thomas Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Catherine E. Seibert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

Informant Catherine E. Koppuch

(Address) 208 Mc Mechen St.

Filed 7-1926 C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17

I HEREBY CERTIFY, That I attended deceased from June 2 —, 1926, to July 7, 1926,

that I last saw him alive on July 6, 1926,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis due to old age.

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Heat exhaustion

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Seymour Pirofsky M. D.

(Address) 2202 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hedgesville W. Va.	July 9 1926

UNDERTAKER / ADDRESS

John Mitchell 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12185

CERTIFICATE OF DEATH

113 E 12185

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner & Dukeland ST.) 23-1 (WARD)

2-FULL NAME Catharine Ward

(a) RESIDENCE NO. 910 Peach Alley ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) May 2, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) Laurel, Md.
(State or country)

10 NAME OF FATHER John Ward

11 BIRTHPLACE OF FATHER (city or town) Laurel, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary H. Smith

13 BIRTHPLACE OF MOTHER (city or town) Laurel, Md.
(State or country)

Informant .....
(Address) .....

Filed 7-1926 19 HAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/4, 1926 to 7/6, 1926
that I last saw her alive on 7/6, 1926,
and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. C. Fanton M. D.

19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12186 E 12186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2109 E. Fayette St St., 6-2 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Hamburger

(a) Residence No. 2109 E Fayette St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: None

7-DATE OF BIRTH (month, day and year): Jan 24 1871

8-AGE, 55 yrs. 5 mos. 8 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or Country): Balto Md

10-NAME OF FATHER: John Hamburger

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Fannie Harman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

(Informant): Oscar Hamburger

(Address): 2711 Fayette St

JL 7 - 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 7. 26

17- I HEREBY CERTIFY, That I attended deceased from January, 1926, to July 7, 1926, that I last saw him alive on July 6, 1926, and that death occurred, on the date stated above, at 2.9 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lantz, M. D.

July 7. 1926 (Address) 2040 Eutaw Place

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cemetery

DATE OF BURIAL, July 9, 1926

20-UNDERTAKER, J. Ammerman Co

ADDRESS 331 Lexington

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12187 182 E 12187

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Prior St.

City of BALTIMORE: (No. Pier 8 Dalo Wf St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Phillips

(a) RESIDENCE NO. 816 Ensor St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Color

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 14 1917

7 AGE — Years: 8 — Months: 10 — Days: 19 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Virginia

10 NAME OF FATHER Jessie Phillips

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Pearl Butler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

14 Informant Pearl Butler Mother

(Address) 816 Ensor St

15 Filed_____, 19____ C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest found that said deceased came to (Inquest, autopsy or inquiry.) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

by falling from wharf

into water

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) accident

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hinton M. D.

(Coroner)

July 6 1926 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — Date of Burial: July 7 1926

20 UNDERTAKER: Mrs R A Elliott — ADDRESS: 1725 Ohland ave

Spec.—1-10-21—M&T—1500 Blks.

E 12188 HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 12188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No.) ST. 23-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles McKenthum

(a) RESIDENCE NO. 1206 Saint Charles ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1874 Nov 4th

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	51	8	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Canvasser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country) ~~Germany~~

10 NAME OF FATHER Wm McKenthum

11 BIRTHPLACE OF FATHER (city or town) Scotland
(State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Miller

13 BIRTHPLACE OF MOTHER (city or town) Christina
(State or country) Germany

Informant City Hospital Records
(Address)

Filed July 7 1926 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to July 6, 1926.

that I last saw h. alive on July 6, 1926,

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Transverse Colon.
Generalized metastasis
(duration) ? yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & laboratory

(Signed) R. Hooper Smith M. D.
July 7 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	July 9th 1926
20 UNDERTAKER	ADDRESS
C. Schlosman Sons	Hanover

Spec—12-23-21—E.B.R.S.—400 Eks. Romena K. Stewart

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12189 E 12189

CERTIFICATE OF DEATH.

Gorgas 79-1 29

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 Orkney Rd St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Romena K. Stewart

(a) Residence No. 503 Orkney Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of George B Stewart

7-DATE OF BIRTH (month, day and year) July 16, 1859

8-AGE. 66 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country) Catawissa, Penn.

11-NAME OF FATHER, Watts Scott

12-BIRTHPLACE OF FATHER (city or town) (State or Country) Towanda, Pa.

13-MAIDEN NAME OF MOTHER, Mary Vastine

14-BIRTHPLACE OF MOTHER (city or town) (State or Country) Williamsport Pa

(Informant) Mrs Mame Sebott

(Address) 503 Orkney

Filed July 9 1926 HAMPSON JONES, M. D. Registrar. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 7 1926

17- I HEREBY CERTIFY, That I attended deceased from April 6 1926 to July 7 1926

that I last saw h alive on July 7 1926

and that death occurred, on the date stated above, at 4:45A m.

The CAUSE OF DEATH* was as follows:

Carcinoma cervix

Ch. Ins. Nephritis

Ch. Myocarditis

(Duration) 15+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. K. Busby M. D.

July 7, 1926 (Address) 501 Sheridan Sq.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill cemetery Towson Md. DATE OF BURIAL July 9 1926

20-UNDERTAKER Chas. G. Black ADDRESS 742 W North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Crofoot

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12190

CERTIFICATE OF DEATH.

90 E 12190

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 S. Calhoun St., St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Bertha E. Crofoot.....

(a) Residence No. 107 S. Calhoun St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Apr. 5, 1913

8-AGE, 13 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At school

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Balto. Md.

10-NAME OF FATHER, George W. Crofoot

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Annie E. Mitchell

13-BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or Country),

(Informant) George W. Crofoot

(Address) 107 S. Calhoun St.

Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

By R K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 6th, 26

17- I HEREBY CERTIFY, That I attended deceased from July 5th, 1926, to July 6, 1926, that I last saw her alive on July 5, 1926, and that death occurred, on the date stated above, at 5:00A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Decompensation)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) yrs. mos. 1 Da.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V. Buckheit, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park DATE OF BURIAL, July 9th, 26

20-UNDERTAKER, Harry A. Welsh ADDRESS 1531 W Lombard St

Spec.–1-10-21 M&T 1500 Bks. Theresa Gumpman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12191 **CERTIFICATE OF DEATH.** **E 12191**

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 90

CITY OF BALTIMORE: (NO. 22-2 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Gumpman

(a) RESIDENCE NO. 125 W. Camden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER John Fusten

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Theresa ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

Informant City Hospital Records
(Address)

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to July 6, 1926, that I last saw her alive on July 6, 1926, and that death occurred, on the date stated above, at 12 45 A.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
Hypertension
Chronic Myocarditis
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hodges Smith, M. D.

July 7 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer.	July 8 1926
20 UNDERTAKER	ADDRESS
F. A. Fedanse & Son	703 Hanover

JUL 7 1926 HAMPSON JONES, M. D.

...c.—1-12-23—M&T—500 Bks.

E 12192 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital WARD) 9th

REGISTERED NO. 1602

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Elise Toisant

(a) RESIDENCE NO. 723 Cator Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred S yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) ✓

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 7, 1926

AGE Years Months Days If LESS than 1 day, hrs or 40 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ fil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Leon Toisant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jersey City N.J.

12 MAIDEN NAME OF MOTHER Catherine Louise Seigart.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

Informant (Address) Jos. L. Toisant 723 Cator Ave.

Filed 1926, 19 Per C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/4/26, 1926, to 7/6/26, 1926, that I last saw her alive on 7/6/26, 1926, and that death occurred, on the date stated above, at 10:40 P m.

The CAUSE OF DEATH* was as follows:

Intercranial Hemorrhage,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. McConnell, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Hoboken N.J.

DATE OF BURIAL 7/7 1926

20 UNDERTAKER J. J. Moran

ADDRESS 300 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

Fred Isabell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12193

CERTIFICATE OF DEATH.

E 12193

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Brought in dead on arrival St. ____ Ward)

2-FULL NAME Fred Isabell

(a) RESIDENCE NO. 802 Hanover St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Unknown

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Police Dept

(Address)

15 Filed ____, 19__ C. HAMPSON JONES, M. D. Registrar

JUL 6 - 1926 For ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Per forgation of intestines

Duel Injury - due probable to prick of Pigs Foot.

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Gastro Enteritis which he had sustained

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. H. Roby M. D.

(Coroner)

July 5 1926 (Address) 1634 Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn. Crem

Date of Burial 7-8 1926

20 UNDERTAKER: E. B. Hale

ADDRESS 1152 W. Balto St

Spec.—12-9-25—A Co.—200 Bks.

Steinmeier 1358 Hartford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12194

129 E 12194

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2780 Almeada St., Bend 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella H. Steinmeier

(a) RESIDENCE NO. 2780 Almeada St. Bend Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, ~~Married~~, Widowed, or ~~Divorced, (write the word)~~: widow

6a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Charles A

6 DATE OF BIRTH (month, day, and year): Feb 13, 1857

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	69	5	23	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town): Balto,

(State or country): Md

10 NAME OF FATHER: Jno. Meinhen

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant: Lillie S. Brown

(Address): 2780 Almeada

C. HAMPSON GRAVES, JR.

DEC 8 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6 1926

17

I HEREBY CERTIFY, That I attended deceased from July 4, 1926, to July 6, 1926

that I last saw her alive on July 5, 1926

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Senile Softening

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis & Chronic Interstitial Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Timmerman M. D.

7-7, 1926 (Address) 1358 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial 1/9 1926

20 UNDERTAKER: Wm. Cook & Son ADDRESS 510 E. Monument

Spec.—1-10-21 M&T 1500 Bks.

E 12195 HEALTH DEPARTMENT—CITY OF BALTIMORE

57 E 12195

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 1-3 WARD)

2-FULL NAME Samuel Drozd

(a) RESIDENCE NO. 915 Bunny Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Drozd

DATE OF BIRTH (month, day, and year) 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

Informant City Hospital Records (Address)

Filed 1926 C. H. [illegible] Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 30, 1926, to July 6, 1926, that I last saw him alive on July 6, 1926, and that death occurred, on the date stated above, at 8 40 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Senile Diabetes ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) G E Hooper Smith, M. D.

July 7 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Stanislaus — DATE OF BURIAL July 9 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 12196 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto Gen Hosp 40

CITY OF BALTIMORE: (No. Cayuga Ave & Dukeland ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elizabeth Watkins.

(a) RESIDENCE NO. 5125 Eastern ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 8. 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Penna

10 NAME OF FATHER: Arthur Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Mary Powis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

Informant: Arthur Watkins

(Address) 5125 Eastern Ave.

Filed , 19 C. HAMPSON JONES, M. D. Registrar.

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to July 1, 1926, that I last saw her alive on July 1, 1926, and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Salpingitis

Pelvic Abscess

and

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Shock & Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 6 26

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) R. Fuchs, M. D.

7/1, 1926 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

~~Statesville Pikes~~ Meadowridge

BURIAL, CREMATION OR REMOVAL: Druid County Cem.

DATE OF BURIAL: July 9 1926

20 UNDERTAKER: W. M. Cook

ADDRESS: 502 E North Ave.

...—1-12-23—M&T—500 Bks.

E 12197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

ITY OF BALTIMORE: (No.) Caroline & Oliver ST., 27-6 WARD) 129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Johnson

(a) RESIDENCE NO. ~~McCulloh & Orchard~~ 6 Somerset Road ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

DATE OF BIRTH (month, day, and year) Dec 4 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	71	9	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md.

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

Informant W. H. Staub
(Address) 6 Somerset Rd Balto. Md.

Filed ..... By .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 6, 1926.

that I last saw h[illegible] alive on July 6, 1926

and that death occurred, on the date stated above, at 7:25 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis, nephritis - arterial sclerosis, with hypertension

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of ——

Was there an autopsy? none

What test confirmed diagnosis? Clinical

(Signed) J. Joseph Taubert, M. D.

7/6, 1926 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	July 8 1926
20 UNDERTAKER Henry J. Jenkins Sons	ADDRESS McCulloh & Orchard St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12198

CERTIFICATE OF DEATH.

129

E 12198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Pierce ST. 18-1 WARD)

2-FULL NAME Irene Reynolds

(a) RESIDENCE NO. 814 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cecil Co. Md

10 NAME OF FATHER: Horace Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Margaret Hoopes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: Florence Jackson

(Address) 814 Pierce St

Filed 1926. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to July 6, 1926, that I last saw her alive on July 5 - 1926, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Complication Disease (duration) yrs. 5 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr. S. W. Kennard, M. D.

7-6, 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: July 8 26

20 UNDERTAKER: Samuel Hensley — ADDRESS: 518 Belle

Spec.—1-10-21—M&T—1500 Blks.

E 12199 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12199

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Orleans St. 61 WARD)

2-FULL NAME Laura Williams

(a) RESIDENCE NO. 1728 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John. R. Williams

DATE OF BIRTH (month, day, and year) Dec. 2, 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	34	6	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

10 NAME OF FATHER Manuel Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westmoreland Co

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant J. R. Williams
(Address) 1728 Orleans St

THOMPSON JONES, M. D.
Registrar

Filed ..... 19 .....

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 17, 19 26, to July 6, 19 26,

that I last saw h[illegible] alive on July 4, 19 26,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) acute Cardiac dilatation.

(duration) ? yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj Baum M. D.

19 (Address) 38 S Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL July 11 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 12200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12200

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Johnson

(a) RESIDENCE NO. 531 Mosher st. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: George Johnson

DATE OF BIRTH (month, day, and year): 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Peasley Wm Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

Informant: Hospital Records

(Address): Balt. City Hospitals M. D.

Filed 19 Registrar

C. HARRISON

Reg. No. 1525 Pct.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1926. to July 6, 1926.

that I last saw her alive on July 6, 1926.

and that death occurred, on the date stated above, at 7 30 pm m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Abscess, Syphilis, Luetic Aortitis.

(duration) Unknown yrs. mos da.

CONTRIBUTORY (Secondary): Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 10, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs —

(Signed) Maycock, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 7-9 1926

20 UNDERTAKER: Geo. A. Gibson

ADDRESS: 1735 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12201

CERTIFICATE OF DEATH.

X 10

E 12201

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-2 Ward)

2-FULL NAME Benj. Franklin Frund Jr.

(a) RESIDENCE NO. Keyser, W. Va St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single D.T.N.

6 DATE OF BIRTH (month, day, and year): Aug. 15, 1924

7 AGE — Years: 1 Months: 10 Days: 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): W. Va.

10 NAME OF FATHER: Benj. F. Frund

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Helen Chunn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

14 Informant: Mrs. Helen Frund

(Address): Keyser, W. Va.

15 Filed 8-1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 8, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Hennessy M. D. (Coroner)

7/8, 1926 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Keyser W Va Date of Burial: July 8 1926

20 UNDERTAKER: Harry A Wilson ADDRESS: 1521 W Lombard St

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12202

CERTIFICATE OF DEATH.

46 E 12202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., Sp. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Rickert

(a) RESIDENCE NO. 4117 Park Heights Ave. STR. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Rickett

DATE OF BIRTH (month, day, and year): 3 11 1856

AGE

Years	Months	Days	If LESS than 1 day hrs. or min.
70	3	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Andrew Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): West Baltimore General Hospital

Filed 7-8-1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/6 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/1, 1926, to 7/6, 1926,

that I last saw her alive on 7/6, 1926,

and that death occurred, on the date stated above, at 8:00 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Body of Uterus

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Peritonitis Pelvic.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Samuel T. Janney, M. D.

7/6, 1926 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: July 9 1926

UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 W Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12203

CERTIFICATE OF DEATH.

5

E 12203

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 816 S Linwood ave Ward) 1-4

2-FULL NAME Zigmund Blachowiak

(a) RESIDENCE NO 816 S Linwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 15 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 20-1905

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
20	21	7	15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail on Boat

(b) General nature of industry, business, or establishment in which employed (or employer): Swenson & Sons

(c) Name of employer: Line

8 BIRTHPLACE (city or town) _____

(State or country) Poland

10 NAME OF FATHER: Kazienes

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Poland

12 MAIDEN NAME OF MOTHER: Wadewicz

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Poland

14 Informant: Agnieta Blachowiak

(Address) 816 S. Linwood ave

15 Filed _____ 19 ____ C. HAMPSON JONES, M. D. Registrar

18 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July - 5 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May - 17, 1926, to July - 5, 1926,

that I last saw h__ alive on July 5, 1926

and that death occurred, on the date stated above, at 5 45 p. m.

The CAUSE OF DEATH* was as follows: (Coun)

Septic Infection — pelvic

following Operation (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY Splenectomy — W

(Secondary) Feb 26 (duration) 1926 mos. ___ ds.

18 Where was disease contracted if not at place of death? Tropics

Did an operation precede death? Yes Date of Feb 26-26

Was there an autopsy? no — Removal Spleen

What test confirmed diagnosis? _____

(Signed) Paul O Brunes, M. D.

, 19 (Address) 250 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Feb 8 1926

Date of Burial

UNDERTAKER: J. W. Ozazewski ADDRESS 1930 Eastern ave

Spec.—1-10-21—M&T—1500 Bks.

E 12204

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 12204

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 948 Druid Hill Ave ST. 17-W WARD)

2-FULL NAME John D. Carmichael

(a) RESIDENCE No. 948 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Carmichael

DATE OF BIRTH (month, day, and year) 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
36				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lunch Room Prop. 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S C

10 NAME OF [illegible] Florence McKay

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C.

12 MAIDEN NAME OF [illegible] Edw Carmichael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C.

Informant Annie Carmichael

(Address) 948 Druid Hill Ave

Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1926, to July 7, 1926, that I last saw him alive on July 7, 1926, and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia + Complication Disease (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr S W Kennard, M. D.

7-8, 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fillon S C	7/8 1926
20 UNDERTAKER	ADDRESS
Haile Easton	916 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12205
1-PLACE OF DEATH

57 E 12205
REGISTERED NO.

CITY OF BALTIMORE: (No. 1828 E 28th St ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Zeiler

(a) RESIDENCE NO. 1828 E 28 St ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Zeiler

DATE OF BIRTH (month, day, and year) May 29, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER John M. Schmidt

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Bucher

13 BIRTHPLACE OF MOTHER (city or town) York, (State or country) Penn.

Informant George A. Zeiler
(Address) 1828 E 28. Husband

Filed 1926 .19 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926 to July 5, 1926, that I last saw her alive on July 5, 1926, and that death occurred, on the date stated above, at 10 05P m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma.
Hypertension
Myocarditis.

(duration) yrs. 0 mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes.
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine Tests.

(Signed) Thos. F. Stevens, M. D.

7/6, 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL July 9th 1926

20 UNDERTAKER Lilly & Zeiler. ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12206 E 12206

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Colonial Hosp. REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1122 N Mount ST., 41 WARD)

2-FULL NAME Frank Chenowith

(a) RESIDENCE No. Baltimore Hotel ST., Paca & Fayette Sts. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): ~~M~~ Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cussa W. Chenowith

6b DATE OF BIRTH (month, day, and year): June 29 1855

7 AGE: Years 71 yrs; Months 0—; Days 8—; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Richard Chenowith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary J. Bustard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: N. M. Chenowith
(Address) 216 Broadway Altoona Pa

Filed 8-1926

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-4-1926, 19..... to 7-7-26. 19 .

that I last saw him alive on 7-7-26. 19 .

and that death occurred, on the date stated above, at 5:40 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis.
Arteriosclerosis. Chr.
Myocarditis
?
..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. J. Nolan M. D.

. 19 (Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 9 1926

20 UNDERTAKER: Wm. J. Tickner Sons ADDRESS: North St

ec.—1-12-23—M&T—500 Bks.

✓ 016. G. M. Bladen
Coroner's Copy

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12207

CERTIFICATE OF DEATH.

E 12207

13-357

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie S. Elkins

(a) RESIDENCE NO. 1526 Glenwood St. Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of: Richard Elkins

DATE OF BIRTH (month, day, and year): Unknown

AGE: About 59. Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Richard Elkins

(Address) 1526 Glenwood Ave.

Filed 8-1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1926.

17

I HEREBY CERTIFY, That I attended deceased from 7-7 (AM) 1926. to 7-7 (Midnight) 1926.

that I last saw h.er alive on 7-7 1926

and that death occurred, on the date stated above, at Midnight.

The CAUSE OF DEATH* was as follows:

Diabetes Exidens
& Coma. (2 days).

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Francis T. Ellis, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampstead — DATE OF BURIAL: July 10 1926

20 UNDERTAKER: Chenowith & Son — ADDRESS: 347 Chestnut Ave

Spec.—12-9-25—A Co.—200 Bks.

E 12208

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12208

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3633 Roland Ave St., 13-4 Ward)

2-FULL NAME Edward A. Hutts

(a) RESIDENCE NO. 3633 Roland Ave St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie A. Hutts

7 DATE OF BIRTH (month, day, and year): Oct. 31-1872

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Moving Picture

(b) General nature of industry, business, or establishment in which employed (or employer): Operator

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER: Wm. H. Hutts

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elmira V. Mas[illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

Informant: Mrs. Sallie A. Hutts

(Address) 3633 Roland Ave

Filed [illegible] 19 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 July 7- 26

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 7, 1926, that I last saw him alive on July 7th, 1926 and that death occurred, on the date stated above, at 7.35 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? yes Date of —

Was there an autopsy? no

What test confirmed diagnosis? Patient seen

(Signed) [illegible], M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — Date of Burial: July 9 1926

20 UNDERTAKER: Horace G. Burgee — ADDRESS: 363 Falls Road

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12209

E 12209

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 627 W. Barre St. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Bright. (C)

(a) RESIDENCE NO. 627 W. Barre St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married.

6a If married, HUSBAND of (WIFE of): Marceline Bright. (C)

6 DATE OF BIRTH (month, day, and year): June 5, 1888.

7 AGE — Years: 38 — Months: 1 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md.

10 NAME OF FATHER: William W. Bright. (C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary L. Purnell. (C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore, Md.

14 Informant: Marceline Bright. (C) wife.

(Address): 627 W. Barre St.

Filed 1926 HAMPSON JONES, M. D. Registrar

LB - 1926. RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D. (Coroner)

7/7 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial July 10, 26

20 UNDERTAKER: John H. Toadvine & Son ADDRESS 1037 N. Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12210

CERTIFICATE OF DEATH.

E 12210

23-2 191

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 927 Plum Alley. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Fisher.(C)

(a) RESIDENCE NO. 927 Plum Alley. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 19 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) June 15th. 1895

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	31	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER William Fisher.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose Netter.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Rose Fisher.(C) mother.

(Address) 927 Plum Alley.

15 Filed 8 - 1926 19 Registrar

PATHOLOGIST JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to a pistol shot wound of the Heart and Aorta. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

7/7, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial July 8 1926

20 UNDERTAKER John H. Toadvine & Son ADDRESS 1027 Mc Cull St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12211

CERTIFICATE OF DEATH.

44 E 12211

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33d & Calvert St. 12-26 WARD)

2-FULL NAME Mr. Charles W. Hudson

(a) RESIDENCE NO. 448 W 23d St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Hudson Emma.

DATE OF BIRTH (month, day, and year) May 6, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William B. Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Unknown

12 MAIDEN NAME OF MOTHER Nancy Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Unknown

Informant James H. Hudson

(Address) 448 W. 23 St.

Filed 1926, 19

C. HAMPSON JONES, M. D.

RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to July 8, 1926, that I last saw him alive on July 7, 1926, and that death occurred, on the date stated above, at 2.55 a m.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) yrs. 5 mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W. S. Hannah, M. D.

7/8, 1926 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL July 10 1926

UNDERTAKER Walter Davis ADDRESS 33 & Penna Ave

Spec.—12-9-25—A Co.—200 Bks.

E 12212

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 12212

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 149 N. High Street St 51 Ward)

2-FULL NAME Mary Brozer

(a) RESIDENCE NO. 149 N. High St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 27 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sawyer Brozer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 72 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Collector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): /

(State or country): Russia

10 NAME OF FATHER: Harry H. Brozes

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Antons

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Nathan Bettelman

(Address): 1034 S Charles St

Filed ... 19 26 C. HAMPSON JONES, M. D. Registrar

By EHS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 — 26

17 I HEREBY CERTIFY, That I attended deceased from April 1926, to July 8, 1926,

that I last saw him alive on July 8, 1926,

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of the intestines

General intestinal carcinosis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Obstruction of bowels Gradual starvation

(duration) ___ yrs. 2 mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Franklin R. Shuster, M. D.

VII. 9, 1926 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial July 9 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balt St

ec.—1-12-23—M&T—500 Blks.

E 12213 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12213

100-081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

ITY OF BALTIMORE: (No. Baltimore, Md. ST. 70-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Schuman

(a) RESIDENCE No. 2668 Frederick Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John Schuman

DATE OF BIRTH (month, day, and year) June 1st 1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Unknown Schuman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Germany

Informant (Address) Baltimore City Hospitals Baltimore, Md.

Filed July 9 - 1926. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17

I HEREBY CERTIFY, That I attended deceased from July 2- 1926 to July 7 1926, that I last saw her alive on July 7 1926 and that death occurred, on the date stated above, at 10.35 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldsmith M. D.

1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lindenthal Cemetery	July 9th 1926
UNDERTAKER	ADDRESS
L. D. Wishart	650 W Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12214

CERTIFICATE OF DEATH.

161-0025

E 12214

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1202 S Clinton St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tomas Jendrzejczak

(a) RESIDENCE NO. 1202 S Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): July 8 1926

7 AGE — Years: 13 hrs. Months: — Days: — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: none.

9 BIRTHPLACE (city or town):

(State or country): Balto Md

10 NAME OF FATHER: Tomas Jendrzejczak

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Rallis Jobczak

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

14 Informant: Tomas Jendrzejczak

(Address): 1202 S Clinton St

15 Filed ... 1926, 19 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 8, 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 8, 1926, that I last saw him alive on July 8, 1926, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Foreign Substance

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James G. Manton M. D.

(Address) 1203 N. Charles.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial July 9 1926

20 UNDERTAKER: John M Wiles ADDRESS 803 Bank St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12215

100-001 E 12215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2730 Hampden St. 12-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah Arthur Wilgis.

(a) RESIDENCE NO. 2730 Hamden St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept. 12, 1925

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

10 NAME OF FATHER Ford Wilgis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Co.

12 MAIDEN NAME OF MOTHER Bertha Openshaw

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Foard Wilgis

(Address) 2730 Hampden Ave.

15 Filed JUL 9 - 1926 C. HARRISON JONES, Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/3, 1926, to 7/8, 1926, that I last saw h[illegible] alive on 7/7, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(duration) ____ yrs. ____ mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Loring Joslin, M. D.

7/9 1926 (Address) 10 E. Saint Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Liberty Balto Md. Date of Burial: July 10 1926

20 UNDERTAKER: E. Leroy Stiffler ADDRESS: 125 E. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 12216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12216

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating off W.Md.R.R.Pier

City of BALTIMORE: (No. Off Port Covington. St. 14-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mills Skinner.(C)

(a) RESIDENCE NO. 1818 Etting St. St. Ward

(Usual place of abode) 50

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married

5a If married, HUSBAND of Leuvinia Skinner.(C)

6 DATE OF BIRTH (month, day, and year) April 15, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lighterman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Leuvinia Skinner.(C)wife.

(Address) 1818 Etting St.

15 Filed 9-1926 19 C. HAMPSON JONES, M.D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Missing July 3, body found July 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
fall from a scow.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto A. Reinhardt M. D. (Coroner)

7/8, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Lawn Cemetery Sulyp. 26 Date of Burial

20 UNDERTAKER Mrs. R.M. Elliott ADDRESS 725 Ashland

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12217

CERTIFICATE OF DEATH.

90 E 12217

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 718 E. 35th St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine Weber

(a) RESIDENCE NO. 718 E. 35th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Weber

DATE OF BIRTH (month, day, and year) Oct. 28 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	59.	8	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Anthony Brink

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant Jno. Mane Hartman

(Address) 718 E. 35th St

Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

9 - 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8 1926

17

I HEREBY CERTIFY, That I attended deceased from 6-24, 1926, to 7/8, 1926

that I last saw her alive on 7/8, 1926

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

4 yrs. mos ds. (duration)

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) D. and Miller, M. D.

, 19 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL July 10 1926

20 UNDERTAKER Josiah Syper ADDRESS 1600 N Broadway

Spec.– 1-10-21 – M&T – 1503 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 12218

CERTIFICATE OF DEATH.

E 12218

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Calhoun St ST. 16-6 WARD)

2-FULL NAME Bernice Pratt

(a) RESIDENCE No. 1120 N. Calhoun ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 10/25. Oct 10 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... nil

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore City

NAME OF FATHER Bernice Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mary Jacobs

(Address) 1120 N. Calhoun St

FILED JUL 9 - 1926 HANSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 - 1926

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to July 8, 1926, that I last saw h[illegible] alive on July 8 - 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) 2 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia + Convulsions (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) D F W Kennard M. D.

7-8, 1926 (Address) 708 Union Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL July 9 1926

20 UNDERTAKER David Easton — ADDRESS 916 Park

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12219

CERTIFICATE OF DEATH.

187-007

E 12219

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Merrit

(a) RESIDENCE NO. 820 E. St. Spring Alley Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1906

7 AGE — Years: 20 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Company

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va.

10 NAME OF FATHER: Clause Merrit

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Rosa Altmare

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: Robert Altmare

(Address) 820 Eyers St Sparrows Point

15 Filed....., 19.....

C. HAMPSON JONES, M. D. Registrar

JUL 9 - 1926 By GAG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to crushing wound of left thigh, abdomen &

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Leg caught in iron car bucket

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

7/8 19 26 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State 1 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lindsor (Va) Date of Burial July 1926

20 UNDERTAKER: Sam'l H. Chase & Son ADDRESS: West Mosher

Spec.—1-10-21—M&T—1500 Blks.

E 12220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12220

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. 6-3 WARD)

2-FULL NAME Frank Wirth

(a) RESIDENCE NO. 1443 Lakewood ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Barbara Wirth

7 DATE OF BIRTH (month, day, and year) Oct. 20-1884

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32 41		8	17	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto md

11 NAME OF FATHER: Joseph J Wirth Sr

12 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

13 MAIDEN NAME OF MOTHER: Helen Sauter

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

PARENTS

15 Informant: Joseph J Wirth (Address) 1443 N Lakewood Ave

Filed 7-8-1926 C. HAMPSON JONES, M.D. Registrar

Per GHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-26, 1926, to 7-7, 1926

that I last saw h. (he) alive on 7-7, 1926

and that death occurred, on the date stated above, at (1) p m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Subacute Bacterial Endocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Wirth Clyn, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	July 10 1926

UNDERTAKER D. Scott J Turner ADDRESS 1642 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

E 12221 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 12221

CERTIFICATE OF DEATH.

3-2 188-003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. ____ Ward)

2-FULL NAME Florence Egan

(a) RESIDENCE NO. 1639 E. Pratt St St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 4yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 25/1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.Md.

10 NAME OF FATHER Edward Egan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Thersa Egan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Thersa Egan

(Address) 1639 E. Pratt St

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D.

Per ____ Assistant

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture at base of skull-Contusion of brain-intracranial hemorrhage. (Autopsy at Hopkins Hospital)

Accident-struck by automobile. Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Hampson, M. D.

(Coroner)

7/8/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial 7/10 1926

20 UNDERTAKER Wm. Cook ADDRESS 502 E North

Spec.—12-9-25—A Co.—200 Bks.

Dr Lilly – Homewood Gorge Ave.

E 12222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12222

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1921 Homewood Ave St., 9-4 Ward)

2-FULL NAME Wilson J Vick

(a) RESIDENCE NO. 1921 Homewood Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L Vick

6 DATE OF BIRTH (month, day, and year): Aug 3. 1849

7 AGE — Years: 76 — Months: 11 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton, Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balt

(State or country): Md

10 NAME OF FATHER: James C Vick

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza J Kelly

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: James C Vick

(Address): 1901 Homewood Ave.

15 Filed July 10 1926 C. HAMPSON JONES, M. D., Registrar

Per Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8th 1926 July 8 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1922 to July 8th 1926, that I last saw h. alive on July 8th 1926, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 4 yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical examination

July 8th 1926 Signed C. Lilly, M. D. (Address) 502 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: July 10 1926

20 UNDERTAKER: E. M. Cook — ADDRESS: 502 E Northave

Spec.—12-9-25—A Co.—200 Bks.

E 12223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓ E 12223

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2632 Florence St., 13-5 Ward)

2-FULL NAME James Hackett

(a) RESIDENCE NO. 2632 Florence St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Col

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Hackett

6 DATE OF BIRTH (month, day, and year): 1903

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	23	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

8 BIRTHPLACE (city or town): Balto.,

(State or country) Md.

10 NAME OF FATHER: Charles Hackett

11 BIRTHPLACE OF FATHER (city or town): Balto.,

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Emelia Burke

13 BIRTHPLACE OF MOTHER (city or town): Balto.,

(State or country) Md.

14 Informant: Emelia Hackett

(Address) 2632 Florence St.

JUL 9 - 1926 C. HAMPSON JONES, M.D.

Filed ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926 to July 7, 1926

and I last saw him alive on July 7, 1926

and that death occurred, on the date stated above, at 8:32 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary): Harmorhoids

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H S McCauley M. D.

7/8, 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Calvary Cemetery Lauraly Md. July 1926

20 UNDERTAKER: Jos. T. H. Rochester ADDRESS 1403 Jefferson St

Spec.—I-10-21—M&T—1500 Bks.

E 12224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12224

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. (WARD) 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noah Johnson

(a) RESIDENCE NO. 615 Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Johnson (Rummid)

6 DATE OF BIRTH (month, day, and year) Aug 13

7 AGE: Years 44 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Counties Bdgs

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Sister.

(Address)

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1926

17 I HEREBY CERTIFY That I attended deceased from July 6, 1926, to July 8, 1926, that I last saw him alive on July 8, 1926, and that death occurred, on the date stated above, at 11:40 a m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pericardial Effusion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Jones, M. D.

, 19 (Address) Md Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: July 9 1926

20 UNDERTAKER: John H Owens — ADDRESS: 538 Baltimore

...c.—1-12-23—M&T—500 Bks.

E 12225 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12225

CERTIFICATE OF DEATH.

1-001

1-PLACE OF DEATH St Josephs Hospital.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Caroline & Oliver ST. 21-3 WARD)

2-FULL NAME Mrs Annie L. Kummer

(a) RESIDENCE NO. 807 Scott ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Kummer

DATE OF BIRTH (month, day, and year) April, 18, 1882.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	43	2	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore Md. (State or country)

10 NAME OF FATHER William Kreutz

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Florida

12 MAIDEN NAME OF MOTHER Mary - Georgia

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

Informant Alice H. Kummer (Address) Severn Md.

Filed JUL 9 1926 C. [illegible] Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 9, 1926, that I last saw her alive on July 9 - 1926 and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? none.

What test confirmed diagnosis? Clinical.

(Signed) B. M. Rhodes M. D.

7/9, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL JUL 12 1926 19

20 UNDERTAKER M. Geo W. Little

ADDRESS 2706 EDMONDSON AVE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12226

CERTIFICATE OF DEATH.

113 E 12226

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 E Fort Ave St. 24-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Louise Kahler

(a) RESIDENCE NO. 400 E Fort ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Sing

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 11 4 1925

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		8	4	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER August Kahler

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Eder

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Mrs Elis Kahler

(Address) 400 E Fort ave.

Filed JUL 9 - 1926 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7.8 1926

17 I HEREBY CERTIFY, That I attended deceased from 7.7, 1926, to 7.8, 1926, that I last saw him alive on 7.8, 1926, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Myocarditis, from birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. D. Burlington, M. D.

7.8. 1926 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 7.10 1926

20 UNDERTAKER J Lew McCully ADDRESS 218 E Fort Ave

Spec.—1-10-21 M&T 1500 Bks.

Seth Minor

E 12227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12227.

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 11-1 WARD)

2-FULL NAME Seth Minor

(a) RESIDENCE NO. 1324 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawton 10 01

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Albert Minor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Minerva —?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant City Hospital Records (Address)

C. HARRISON JONES, M. D.

Filed 9-1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to July 6, 1926, that I last saw him alive on July 5, 1926, and that death occurred, on the date stated above, at 5 30 Am.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Antecedent Sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gunpalz Laboratory

(Signed) C. Boardman M. D.

July 7 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loshury Cemetery	July 10 1926

20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	725 Carlton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12228 CERTIFICATE OF DEATH.

182 E 12228

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Mercy Hospital St 3-1 Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. Penn St East Falls City Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Col	Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant .....

(Address)

20 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

When in the pool at Penn St East Falls City

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Smothered

(duration) yrs. mos. ds.

(Signed) James M Benson M. D.

(Coroner)

7 2 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND HARRY R. JONES, M. D. Commissioner of Health

JUL 6 1926

DEC 9 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12229 CERTIFICATE OF DEATH. 66 E 12229

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 816 E Pratt St. 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Robinson

(a) RESIDENCE NO. 816 E Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 35	Y			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto City

10 NAME OF FATHER Robinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Louis Rosen

(Address) 135 Hyde

Filed JUL 9 - 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said his investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hanlon M. D. (Coroner)

7-3, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
20 UNDERTAKER	ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 12230

E 12230 CERTIFICATE OF DEATH.

REGISTERED NO. E 12230

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospl St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Diggs

(a) RESIDENCE NO. 1019 Watson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stableman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant

(Address)

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound Fracture base of Skull and broken leg

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hinton M. D.

(Coroner)

7-6, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2 hrs. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

JUL 9 — 1926 THE MORGUE

UNIVERSITY OF MARYLAND

Commissioner of Health

JUL 19 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 12231

CERTIFICATE OF DEATH.

E 12231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Frederick Ave ST., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carew

(a) RESIDENCE NO. 2331 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W Lute	

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 7/9-26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER William J Carew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Kanis

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

Informant

(Address)

Filed , 19 C. HAMPSON JONES, M. D. Registrar

By

L9 - 152

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9- 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/9- , 1926, to 7/9- , 1926.

that I last saw h[illegible] alive on 7/9- , 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Fivi mor mucanay

Premature

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Carew M. D.

, 19 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Health Dept

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12232

CERTIFICATE OF DEATH.

129

E 12232

REGISTERED NO.

1-PLACE OF DEATH South Baltimore Gen. 26

City of BALTIMORE: (No. 1213 Light St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Vogel

(a) RESIDENCE NO. 3715 Clairmont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Oct 27. 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto

10 NAME OF FATHER: Marion Reese

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Katherine Bloomer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto

PARENTS

14 Informant: Martin Reese

(Address): Stemmers Run

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to July 7, 1926, that I last saw h.. alive on July 7, 1926 and that death occurred, on the date stated above, at 11 19 p m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) W. B. Dalton, M. D.

, 19 (Address) South Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial July 11 1926

20 UNDERTAKER: John Ulrich ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12233

CERTIFICATE OF DEATH.

129 E 12233

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3306 E Baltimore St. 16-3 WARD)

2-FULL NAME Anna M Martin

(a) RESIDENCE No. 3306 E Baltimore ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Martin

DATE OF BIRTH (month, day, and year): Oct 20 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8.	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Adam Glick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs E J Albers

(Address): 3306 E Baltimore St

Filed ..... 19... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1926

17 I HEREBY CERTIFY, That I attended deceased from July 6 1926 to July 8 1926

that I last saw h[illegible] alive on July 8 1926

and that death occurred, on the date stated above, at 7 05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dr C Hampson ..... M. D.

7/9 1926 (Address) 3306 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Col Dam Cem	July 11 1926
20 UNDERTAKER: John Ulrich	ADDRESS: 2008 Orleans

Spec.—1926—Co.—200 Bks.

1926 ward - 3207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12234

1-PLACE OF DEATH

E 12234

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Mooney

(a) RESIDENCE NO. Bull Gap Tenn. Ward

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Mollie E. Mooney

6 DATE OF BIRTH (month, day, and year): June 15 - 1860

7 AGE: Years 66 | Months — | Days 24 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 1860

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Tenn.

10 NAME OF FATHER: Wm Mooney

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Tenn

12 MAIDEN NAME OF MOTHER: Mattie Bud

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Tenn

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

G. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9th 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 24 1926, to July 9th 1926, that I last saw him alive on July 9th 1926, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Uremia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Benign Prostatic hypertrophy & urinary retention

(duration) Two yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bulls Gap. Tenn.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood urea Examination Sulphonephthalein

(Signed) W. McKee Dorsey, M. D.

, 1926 (Address) Johns Hopkins Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bulls Gap Tenn. Date of Burial 7/10, 1926

20 UNDERTAKER: Chas E. Graves & Son ADDRESS: 1128 W. Royal Ave

Jan - 1927

Per RK

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12235

90 **E 12235**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 825 Whitelock St 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Choseman

(a) RESIDENCE NO. 825 Whitelock St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 22 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel D. Choseman

7 DATE OF BIRTH (month, day, and year) Unknown 1825

8 AGE — Years: 101 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor 068

(b) General nature of industry, business, or establishment in which employed (or employer): Teacher

(c) Name of employer

10 BIRTHPLACE (city or town)..... (State or country) Russia

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town)..... (State or country) Russia

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town)..... (State or country) Russia

15 Informant Jack Lewis (Address) 1439 E Baltimore St

16 Filed..... 19 C. HAMPSON JONES, M. D. Registrar

LY - 1926 RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from 29th of June, 1926, to July 9, 1926, that I last saw h... alive on July 9, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) Herman Seidel, M. D.

7/9, 1926 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Av. Date of Burial July 9 1926

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12236

CERTIFICATE OF DEATH

14-001

E 12236

REGISTERED NO.

1-PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No.) 1902 Madison St., (Ward) 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Amelia E. Burrell.

(a) RESIDENCE NO. 1902 Madison St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Burrell

6 DATE OF BIRTH (month, day, and year): ? 1869

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wash. D.C.

PARENTS

10 NAME OF FATHER: James Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Emma Menefee 1902 Madison Ave

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 16, 19 26 to July 8, 19 26

that I last saw h[illegible] alive on July 8, 19 26

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Since June 16 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coma.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Carr M. D.

July 8 26 (Address) 5-15 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C.

DATE OF BURIAL: 7/10/1926

20 UNDERTAKER: Mrs. Geo. E. Holland

ADDRESS: 1631 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12237

CERTIFICATE OF DEATH.

117 E 12237

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Maryland General Hospital ST., 27-9 WARD)

2-FULL NAME Mrs. Harriet Larrabee

(a) RESIDENCE NO. 903 Woodbourne Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harrison Clay Larrabee

7 DATE OF BIRTH (month, day, and year): 5-1-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53		2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H.W.

(b) General nature of industry, business, or establishment in which employed (or employer): Ofn

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hartford Co. Md

PARENTS

10 NAME OF FATHER: John Cooley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hartford Co. Md.

12 MAIDEN NAME OF MOTHER: Martha Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hartford Co. Md.

14 Informant: H. C. Larrabee

(Address): Same 903 Woodbourne Ave

15 Filed 1926 HAMPSON JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-8-26

17 I HEREBY CERTIFY, That I attended deceased from 7-4-26, 19 to 7-8-26, 19.

that I last saw h[illegible] alive on 7-5-26, 19,

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-5 26

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) C. C. Zimmermann, M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 12 1926

20 UNDERTAKER: Henry Jenkins & Sons Co. ADDRESS: Oldest Colored Co

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12238

CERTIFICATE OF DEATH.

45 E 12238

REGISTERED NO.

1-PLACE OF DEATH Womens Hospital

CITY OF BALTIMORE: (No. Lafayette & John St ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie R. Baer

(a) RESIDENCE NO. 819 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late George H Baer

DATE OF BIRTH (month, day, and year) Aug 15 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72 71	10 11	23 15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John B. Sharan

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant Elmer L. Avery

(Address) Elmer Elvia

Filed JUL 9 - 1926 THOMPSON JONES, M. D. Registrar

Per K M

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Heuisler, M. D.

(Coroner)

7/9/26 192 (Address) 2802 Eutaw Pl.

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bellemount Cemetery — DATE OF BURIAL: July 9 1926

20 UNDERTAKER: Geo. J. Jenkins & Son Co — ADDRESS: Edmondson Ave & Collins Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12239

CERTIFICATE OF DEATH.

100-001 ✓ E 12239

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 620 S. Streeper St. 1-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME James. Wasielewski

(a) RESIDENCE NO. 620 S. Streeper St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4 1926

7 AGE — Years: | Months: 3 | Days: 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

10 NAME OF FATHER James. Wasielewski

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary. Graczkowska

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Mr. James . Wasielewski

(Address) 620 S. Streeper Street

15 Filed_____, 19____ THOMPSON JONES, M. D. Registrar

By_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/26 19

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926 to July 9, 1926, that I last saw him alive on July 9, 1926, and that death occurred, on the date stated above, at 11.35 A m.

The CAUSE OF DEATH* was as follows:

Bronco-Pneumonia

(duration) .....yrs. .....mos. 25 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine, M. D.

July 9, 1926 (Address) 1450 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross German Hill Road Date of Burial July 10 19 26

20 UNDERTAKER: John M. Welker ADDRESS: 1803 Bank

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 12240

E 12240

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No 2524 Foster av St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mielnik

(a) RESIDENCE NO. 2524 Foster av St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Mielnik

6 DATE OF BIRTH (month, day, and year) April 17 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Ramszian

(State or country) Poland

10 NAME OF FATHER Thomas Szymanowski

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland Germany

12 MAIDEN NAME OF MOTHER Maya Jaworska

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland Germany

PARENTS

14 Informant Mary Anna Rosalska

(Address) 3101 Dillon St

Filed 1926 HAMPSON HOGUES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Hypertrophic Cirrhosis of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. 6 mos. ds.

(Signed) James M Denton, M. D. (Coroner)

7-8, 1926 (Address) 700 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial July 10 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank

ec.—1-12-23—M&T—500 Bks.

E 12241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

HE 12241

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. (ST.) 76-7 (WARD)

2-FULL NAME John Weinhold

(a) RESIDENCE NO. 620 S. 13th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Weinhold

DATE OF BIRTH (month, day, and year) April 27. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Wright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frank Weinhold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Edelman

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

Informant John H. Weinhold

(Address) 620 S. 13th St

Filed July 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 20th, 1926, to July 8, 1926, that I last saw him alive on July 8, 1926 and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomas
Sinovitis Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. Joseph Tauhey, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	July 12 1926
20 UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Aliceanna St

Spec.—1-10-21—M&T—1500 Bks.

12242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 12242

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 7-1 WARD)

2-FULL NAME Edward Hisley

(If Wife, Maiden Name)

(a) RESIDENCE NO. 501 Old York Road Kearsley ST., 501 2nd St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Caucasian	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hisley

DATE OF BIRTH (month, day, and year) Jan. 9, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	64	5	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer Not Employed.

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Joseph Hisley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Riena .?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant Margaret Hisley

(Address) 2410 Wolfe St

Filed 19 1926

C. HAMPSON JONES, M. D.

Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1926 to July 8 1926,

that I last saw him alive on July 8 1926,

and that death occurred, on the date stated above, at 5-50 m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Left Leg and wrist

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Bronchopneumonia

(duration) ... yrs. ... mos. 1½ da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 7, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical + autopsy

(Signed) M. Kerpel M. D.

19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem.	July 10 1926
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E 12243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12243

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 163 W Virginia Ave St. 27-3 Ward)

2-FULL NAME Alice Virginia Murphy

(a) RESIDENCE NO. 163 W Virginia Ave St. 3 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilbain Murphy

6 DATE OF BIRTH (month, day, and year): March 25/1868

7 AGE: Years 58 Months 2 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

10 NAME OF FATHER: William Coghill

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Mahan

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: James E. Ingram

(Address): 163 W Virginia Ave

Filed ..... 19 H. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

7/9/1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredericksburg Va Date of Burial Jul 11 1926

20 UNDERTAKER: Wilbain Coghill ADDRESS 502 E Null Pl

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12244

CERTIFICATE OF DEATH.

X 45 ✓ E 12244

1-PLACE OF DEATH Church Home & Inf

REGISTERED NO._____

City of BALTIMORE: (No._____ St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lucy Bange

(a) RESIDENCE NO. Hanover Manor House, Hanover St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Bange.

6 DATE OF BIRTH (month, day, and year): October

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer

9 BIRTHPLACE (city or town)_____
(State or country) Penna.

10 NAME OF FATHER Wm Gosh.

11 BIRTHPLACE OF FATHER (city or town)_____
(State or country) Penna

12 MAIDEN NAME OF MOTHER Julia Gorr

13 BIRTHPLACE OF MOTHER (city or town)_____
(State or country) Penna.

14 Informant W. G. Fenner

(Address) Hanover Pa.

15 File 1926, 19 HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-1926

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1926, to July 9, 1926, that I last saw her alive on 7-9-26, and that death occurred, on the date stated above, at 4.50 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma pancreas

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Pulmonary embolus

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-29-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry C. P. Dieter Jr., M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Olivet Hanover Pa.	July 11 1926
20 UNDERTAKER	ADDRESS
W. G. Fenner	Hanover Pa.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12245

CERTIFICATE OF DEATH.

* 128 E 12245

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Mt Sinai Hosp (St.) 11-2 (Ward)

2-FULL NAME Mrs Helen Boyer

(a) RESIDENCE NO. 613 Hendenson Ave ST., ... WARD .....

(Usual place of abode) Catonsville (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward S. Boyer

DATE OF BIRTH (month, day, and year) Oct 28 1902 Baltimore

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Md (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Loretta Wirth

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Husband

(Address) .....

Filed JUL 9 - 1926 HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/26

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 7/8/26, 19.....,

that I last saw her alive on 7/8/26, 19.....,

and that death occurred, on the date stated above, at 12 30 p. m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? Yes Date of 7/7/26

Was there an autopsy? No Hemorrhage of Viscera

What test confirmed diagnosis? Clinical & Anatomical

(Signed) Jno D Townsend, M. D.

, 19 (Address) 111 Wyndhurst Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	July 10, 1926
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

HEALTH DEPARTMENT — CITY OF BALTIMORE

E 12246

CERTIFICATE OF DEATH.

90 E 12246

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1231 Division St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Mitchel

(a) RESIDENCE NO. 1231 Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE — Years: 25 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Texas

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Don't Know

14 Informant: Edith M. Wycoff

(Address): 1231 Division St

15 Filed 10 1926 19

C. HAMPSON JONES, M. D. Registrar

Per GLG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): no other causes

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner)

7/9/26 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: July 10 1926

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

c.—1-12-23—M&T—500 Bks.

E 12247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Caroline & Oliver ST., 9-1 (WARD)

2-FULL NAME Mrs Alcatnea N. Burns

(a) RESIDENCE No. 12 S. 20th. St. Harrisburgh, Pa.

(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred yrs. mos. 1 mo. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Burns

ATE OF BIRTH (month, day, and year) July 10 - 1872

GE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	53	11	29	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ———

IRTHPLACE (city or town) (State or country) Harrisburgh. Pa

10 NAME OF FATHER Parker Chrissman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Maria. Johnson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Frank Burns

(Address) 126 20th. St Harrisburg. Pa.

Filed JUL 10 1926 19 C. HAMPSON JONES, M.D. Registrar

Per Lyle

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from July 4th, 1926, to July 9th, 1926, that I last saw her alive on July 9th, 1926 and that death occurred, on the date stated above, at 8:45 p. m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis with acute exacerbation.

Hypertension.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pnuemonia.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) P. M. Rhodes M. D.

1/9, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa.

DATE OF BURIAL July 10 1926

20 UNDERTAKER Mr & Mrs John H. Deufel & Son

ADDRESS 801 N. Fayette St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12248

CERTIFICATE OF DEATH.

114 E 12248

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 141 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loraine M. Berg

(a) RESIDENCE NO. 105 N. Stricker St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 1/23

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER Fred S. Berg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Mary Cole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond, Va

PARENTS

14 Informant Mrs Mary Cole Berg

(Address) 105 N. Stricker St

15 Filed_____ 19_____ C. HAMPSON JONES, M.D.

For _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia (duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Meningismus (duration) ....yrs. ....mos. 1 ds.

(Signed) [signature] M. D. (Coroner)

7/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs.,....mos.,....ds. In the State....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial July 10 1926

20 UNDERTAKER Masters John K. Deufel Son ADDRESS 801 N. Fayette

Cor.—M-9-25—A Co.—200 Bks.

E 12249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 183 E 12249

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St. 17-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Anderson

(a) RESIDENCE NO. 559 W. Biddle St. Ward Phila. Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anderson

6 DATE OF BIRTH (month, day, and year) about 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) S. C.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant Mary Anderson

(Address) 559 W. Biddle St.

15 Filed ....., 19 ..... C. EMMERSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot wound in head,

(Autopsy) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Homicide

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kinney M. D.

(Coroner)

7/4, 1926 (Address) 2502 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. Date of Burial July 10-26

20 UNDERTAKER Samuel Stansbury ADDRESS 678 N. Bond

pec.—1-12-23—M&T—500 Bks.

E 12250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12250

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2106 Etting ST. 14-1 WARD)

2-FULL NAME Ida Helen Savage

(a) RESIDENCE NO. 2106 Etting ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Savage

DATE OF BIRTH (month, day, and year) 1884

AGE: Years 42 | Months | Days | If LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (State or country) Baltimore Md

10 NAME OF FATHER Wm Thurman

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Kate Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Emma L. Hunt

(Address) 2106 Etting St

Filed 10 1926, C. HAMPTON JONES, M.D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/5, 1926, to 7/7, 1926, that I last saw h alive on 7/7, 1926, and that death occurred, on the date stated above, at 2.35 P m

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.

& Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) A. M. Fullerton, M. D.

7/9, 1926 (Address) 2432 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: July 9 26

UNDERTAKER: Samuel Kennedy

ADDRESS: W Balto

Cor.—12-9-25—A Co.—200 Bks.

E 12251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12251

CERTIFICATE OF DEATH.

188-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Mercy Hospital St. 77-5 Ward)

2-FULL NAME Mary ~~Eliza~~ Snyder (or Schneider)

(a) RESIDENCE NO. 326 Delaware Av St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8-1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26 years	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER M. Snyder

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER Johanna Mospel

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto

14 Informant: Mrs. F. Schneider

(Address) 326 Delaware

15 Filed ... 19 26 C. HAMPSON JONES, M. D. Registrar

By ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull and internal injuries

another auto struck auto in which she was riding

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner)

July 10 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Redeemer Date of Burial: July 12 1926

20 UNDERTAKER: Jos. J. Iberl ADDRESS: 166 N. Luzerne

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12252

CERTIFICATE OF DEATH.

170

E 12252

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 3001 St. Paul St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Turner

(a) RESIDENCE NO. 3001 St. Paul St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Hymes

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1849

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale

(b) General nature of industry, business, or establishment in which employed (or employer) Comm. Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) North Carolina

14 Informant John S. Hymes

(Address) 3001 St. Paul St.

15 Filed ..... 19 .....

Ref ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the body (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun Shot Wound through head Suicide

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

7-9, 19 26 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: 7/10 19 26

20 UNDERTAKER: Henry W. Meare & Son — ADDRESS: 805 N. Calvert St.

THOMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12253

CERTIFICATE OF DEATH. + 185

E 12253

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Mellor

3005 1/4 Wash Pavilion

(a) RESIDENCE NO. 4536 Market St Phila Pa Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none in my opinion

(b) General nature of industry, business, or establishment in which employed (or employer) probably he was a tramp

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER Mellor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Jay Street Hospital

(Address)

15 Filed JUL 10 1926 HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Walking out Second Story Window while intoxicated

Cause of Internal injuries

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 7 ds.

(Signed) James M Hamilton M. D.

(Coroner)

7/8, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

3005 1/4 Wash Ave

Former or usual residence Philadelphia

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa Date of Burial July 10 1926

20 UNDERTAKER John O Mitchell ADDRESS 1201 W Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12254

CERTIFICATE OF DEATH.

E 12254

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 946 Brooks Lane. St. 13-6 Ward)

2-FULL NAME Emanuel Fisher

(a) RESIDENCE NO. 946 Brooks Lane. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Fisher

6 DATE OF BIRTH (month, day, and year) March 14th. 1833.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	93	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bavaria :

10 NAME OF FATHER --------Fisher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bavaria.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bavaria.

14 Informant Miss. Tillie Fisher

(Address) 946 Brooks Lane

FILED 0 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th. 1926

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to July 9, 1926, that I last saw h.—— alive on July 9, 1926, and that death occurred, on the date stated above, at 8.23 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. S. Keagy M. D.

, 19 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Friendship Cem.	7/11/ 19 26

20 UNDERTAKER Maud Sondheim ADDRESS 1520 N. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

Kenneth Lyle

HEALTH DEPARTMENT—CITY OF BALTIMORE

12255

31 E 12255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 730 Weather St., 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Lyle

(a) RESIDENCE NO. 730 Weather St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Lewis Charles Lyle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt.

12 MAIDEN NAME OF MOTHER Ethel Lewis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Ethel Wayne Lyle

(Address) 730 Weather St

Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

OCT 10 1926 By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Parker M. D.
(Coroner)

, 19 (Address) 325 Cath Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Date of Burial July 26

20 UNDERTAKER Baard & Wisner ADDRESS 309 Mulberry

Cor.—12-9-25—A Co.—200 Bks.

E 12256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 179

E 12256

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Simmons

(a) RESIDENCE NO. White Marsh, Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXX

6 DATE OF BIRTH (month, day, and year) Jan 25/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work XXXXXXXXXX

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Ernst Simmons

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md. Balto. Co

12 MAIDEN NAME OF MOTHER Rhersa Tremper

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Balto. Co. Md

14 Informant Ernst Simmons

(Address) White Marsh Md

15 Filed_____ 19____ HAMPSON JONES, M. D. Registrar

JUL 10 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns over body.

(Pulled coffee pot off table)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Falls M. D.

(Coroner)

7/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Cemetery Date of Burial July 11 1926

20 UNDERTAKER Frank Lopchansky Sons ADDRESS Fullerton

Spec.—12[illegible]—200 Bks.

1355

1E 12257.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 60-001 E 12257

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 47-1 Ward)

2-FULL NAME Lena Hines

(a) RESIDENCE NO. Edgewood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 22 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 Color or Race white | 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hines

6 DATE OF BIRTH (month, day, and year) Dec 17/99

7 AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
26	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md -

10 NAME OF FATHER Gustave Benson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga.

12 MAIDEN NAME OF MOTHER Mabel Kersey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga.

PARENTS

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

0 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 7th 1926, to July 9th 1926, that I last saw h.. alive on July 9th 1926, and that death occurred, on the date stated above, at 1 45 p. m.

The CAUSE OF DEATH* was as follows:

Erythroblastosis gentis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 9.

Was there an autopsy? yes

What test confirmed diagnosis? Examination

(Signed) Henry A. Peterson, M. D.

(Address) Johns Hopkins Hosp Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Md Date of Burial 7/12 1926

20 UNDERTAKER Philip Henry ADDRESS 2016 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E 12258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12258

179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 6-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Lee Bloodsworth

(a) RESIDENCE NO. 133 N. Curley St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) Oct 15/21

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	4	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge.

(State or country) Md

PARENTS

10 NAME OF FATHER Herbert R Bloodsworth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bishop Head Md

12 MAIDEN NAME OF MOTHER Carrie Courtney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Mardella Md

14 Informant Herbert R. Bloodsworth

(Address) 133 N. Curley St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns over body

(She was playing with matches)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Patter, M. D.

(Coroner)

7/10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kingsdale Point Md. Date of Burial July 10 1926.

20 UNDERTAKER Richard F. Curley ADDRESS 1621 Aliceanna St.

Cor.—12-9-25—A Co.—200 Bks.

E 12259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12259

+ 108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hanover Road St., 41 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hughes

(a) RESIDENCE NO. Harmans Md St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel E Hughes

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer A R. Cole

9 BIRTHPLACE (city or town) .....

(State or country) Maryland

10 NAME OF FATHER John Hughes

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Hurley

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Maryland

PARENTS

14 Informant A. R Cole

(Address) Harmans Md

Filed JUL 10 1926 C. HAMPSON JONES, Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 7 .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

(Signed) Maynard Brashears M. D.

(Coroner)

, 19 26 (Address) 532 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cem-AA Co Date of Burial July 10 19 26

20 UNDERTAKER J. Tucker & Son ADDRESS Ho Md

Spec.—1-10-21—M&T—1500 Blks.

E 12260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12260

CERTIFICATE OF DEATH.

REGISTERED NO. 124

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Gun Hosp (ST.) 28 (WARD) 2

2-FULL NAME Mrs Eliz Bauer.

(a) RESIDENCE NO. 4502 Spring Dale Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis B Bauer

6 DATE OF BIRTH (month, day, and year): Nov 17, 1848

7 AGE — Years: 77 — Months: 7 — Days: 22 — If LESS than 1 day, ... hrs. or ... min.: 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Judd Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Reel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): John Bauer, Ridge Road

15 Filed JUL 1926, 19 C. HAMPSON JONES, M. D., Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-9-26

17 I HEREBY CERTIFY, That I attended deceased from 7/8/26, 19..., to 7/9/26, 19...; that I last saw h— alive on 7/9/26, 19...; and that death occurred, on the date stated above, at 10 5 P.M.

The CAUSE OF DEATH* was as follows: Ca Cholecystectomy

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Exacerbation of Tuberculosis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/8/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

, 19 (Address) Mt Gun Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: JUL 13 19

20 UNDERTAKER: Geo W Little — ADDRESS: 2700 EDMONDSON AVE

Cor.—12-9-25—A Co.—200 Bks.

E 12261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 12261

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1110 Shields alley St. 171 Ward)

2-FULL NAME Roland H. Hinton

(a) RESIDENCE NO. 1110 Shields alley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Robert Hinton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ~~Va~~ N. C.

12 MAIDEN NAME OF MOTHER Sarah Hicks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sarah Hinton

(Address) 1110 Shields alley

Filed JUL 10 1926 C. HAROLD JONES

Registrar

By GKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

(duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) no other diseases (duration) .....yrs. .....mos. .....ds.

(Signed) H. T. Hennessy M. D.
(Coroner)

7/10, 1926 (Address) 2802 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery Date of Burial July 10 1926

20 UNDERTAKER Mrs. Katie K. Williams ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Blks.

12262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 12262

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-1 WARD)

2-FULL NAME Robert Jackson

(a) RESIDENCE NO. 1514 W. Saratoga st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899 ?

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laboror

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Howard Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

PARENTS

14 Informant Hospital Records

(Address)

15 Filed JUL 10 1926 C. HAMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1926, to July 6, 1926,

that I last saw him alive on July 6, 1926,

and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) W. E. Mattews M. D.

7-7-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND JUL 10 1926

Spec.—1-10-21—M&T 1500 Bks.

E 12263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12263

129 E 12263

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 76 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Fabrill

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	W

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant City Hospital Records (Address)

Filed 10 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to July 7, 1926, that I last saw h alive on July 7, 1926, and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Chronic Myocarditis

Chronic Nephritis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & laboratory

(Signed) R. Hooper Lovell, M. D.

July 8, 1926 (Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

BALTIMORE CITY HOSPITALS
UNIVERSITY OF MARYLAND
JUL 10 1926

Spec.—1-10-21—M&T—1500 Blks.

E 12264 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12264

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Milton Ave. 8-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth M. Wilhelm.

(a) RESIDENCE NO. 1511 N. Milton Ave. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Wilhelm

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Maryann Francer.

13 BIRTHPLACE OF MOTHER (city or town) Germany.
(State or country)

14 Informant Mrs. Anna M. Groeschen (Sister)
(Address) 1511 N. Milton Ave.

15 Filed JUL 10 1926 HAMPSON JONES, M. Registrar.
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1926 to July 9, 1926
that I last saw her alive on July 8, 1926
and that death occurred, on the date stated above, at 5.10 A. m.

The CAUSE OF DEATH* was as follows:

Intussusception, Diabetes, (8 days)
Chronic Pancreatic Interstitial Nephritis. 18 yrs
Mitral Regurgitation Aortic Cons.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. F. Simms, M. D.

7/9. 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL July 12, 26

20 UNDERTAKER William G. Schaffer ADDRESS 1816 Vermont

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12265

E 12265

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 1512 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elsie G. Ward

(a) RESIDENCE No. 1342 N. Fulton Ave. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, ~~or Divorced~~, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Wards

6 DATE OF BIRTH (month, day, and year) ? 1901

7 AGE Years 25 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Mr. Bromly

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hurtan A.D Ward
(Address) 342 N Fulton ave

15 Filed 1-1926 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to July 9, 1926, that I last saw her alive on July 9, 1926 and that death occurred, on the date stated above, at 6.05 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Pregnancy.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Toxemia Pregnancy
Eclampsia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 6/9/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. H. Jones M.D., M. D.

, 19 (Address) Franklin Square Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Co Va — DATE OF BURIAL 7-11-1926

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun Hollins sts

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12266

CERTIFICATE OF DEATH.

179 E 12266

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlie Wolverton

(a) RESIDENCE NO. 2931 Huntingdon Ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Wolverton

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 41 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Millwright

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Eva Wolverton

(Address) 2931 Huntingdon Ave

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns of body

shock & collapse

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fell into vat of lime

accidental (duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. T. Hennessy M. D.

(Coroner)

7/10/1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Date of Burial: July 11 1926

20 UNDERTAKER: Chenowet & Son ADDRESS: 3617 Chestnut Ave

Spec.—12-9-25—A Co.—200 Bks.

E 12267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 12267

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5218 Garrison Ave St. 27-3 Ward)

2-FULL NAME Mary M. A. Jones.

(a) RESIDENCE NO. 5218 Garrison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed or divorced (or) WIFE of James L. Jones.

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1844.

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	81	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Manchester

(State or country) Md.

PARENTS

10 NAME OF FATHER Peter Gettier

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna E. Gallagher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Cora E. Sharrer

(Address) 5218 Garrison Ave.

15 Filed ..... 19 ..... Registrar

C. HAMPTON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1926, to July 7, 1926,

that I last saw her alive on July 7, 1926,

and that death occurred, on the date stated above, at 4 15 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robt F. Sardesty, M. D.

19 (Address) 814 E. City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial July 12 1926

20 UNDERTAKER Chenoweth & Son ADDRESS 367 Chestnut Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12268

CERTIFICATE OF DEATH.

100 E 12268

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 250 N. Pine St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby William Norman

(a) Residence No. 250 N. Pine St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) March 4 1923

8-AGE, 3 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

10-BIRTHPLACE (city or town) Balto. Md. (State or Country),

10-NAME OF FATHER, Chas. Banks

11-BIRTHPLACE OF FATHER (city or town) Va. (State or Country),

12-MAIDEN NAME OF MOTHER, Nettie Norman

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country),

(Informant) Chas Banks

(Address) 250 N Pine St

Filed 7 1 1926 192 HAMPSON JONES, M. D. Registrar.

By ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 7-10-26

17- I HEREBY CERTIFY, That I attended deceased from 7-9, 1926, to 7-10, 1926, that I last saw him alive on 7-9, 1926, that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Primary Broncho-

Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) T. L. Jackson M. D.

7-10, 1926 (Address) 508 W Dundalk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion

DATE OF BURIAL, July 11, 1926

20-UNDERTAKER, Leonard Wheeler

ADDRESS 708 Myrtle

Spec.—12-9-25—A Co.—200 Bks.

Dr. Cumin

E 12269

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 12269

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 5304 Queensbury ave St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Goldstein

(a) RESIDENCE NO. 5304 Queensbury ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8 1926

7 AGE: Years | Months | Days: 18 hours | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country) Md

PARENTS

10 NAME OF FATHER Nathan Goldstein

11 BIRTHPLACE OF FATHER (city or town) ....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Resnick

13 BIRTHPLACE OF MOTHER (city or town) ....
(State or country) Russia

14 Informant Nathan Goldstein
(Address) 5304 Queensbury ave

15 Filed 1 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
July 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to July 9, 1926
that I last saw h.. alive on July 9, 1926
and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease
18 hrs.
(duration)

CONTRIBUTORY (Secondary) ....
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted
If not at place of death? ....
Did an operation precede death? no Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? Clinical findings

(Signed) Wm. H. Cumin, M. D.
(Address) 324 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial
Rekrlen Rosedale Quick 19 26

20 UNDERTAKER: ADDRESS
Jack Lewis 109 E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 12270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12270

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Clifton ST. 8-1 WARD)

2-FULL NAME Clara B. Burns.

(a) RESIDENCE NO. 1630 Clifton ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Burns.

6 DATE OF BIRTH (month, day, and year): April 23, 1885

7 AGE: Years 41 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Chester C. Ballinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Glenrock Penn.

12 MAIDEN NAME OF MOTHER: Virginia Krevs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Chester C Ballinger (Father) 161 E 32 St

15 Filed JUL 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to July 9, 1926.
that I last saw h alive on July 9, 1926
and that death occurred, on the date stated above, at 3:16 P.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Myocarditis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary): Acute Dilatation of Heart

(duration) yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No. Date of
Was there an autopsy? No
What test confirmed diagnosis? Urine

(Signed) Thos. J. Stevens, M. D.
7/10, 1926 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: July 12 1926

20 UNDERTAKER: W. H. Cook — ADDRESS: 502 E. Madison Ave.

pec.—1-12-23—M&T—500 Blks.

E 12271 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12271

CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St 25-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lloyd Jackson

(a) RESIDENCE NO. 123 North First St Brooklyn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 9, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Balto Md

10 NAME OF FATHER Lloyd Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Emy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Lloyd Jackson

(Address) 123 N. First St.

Filed 1926. 19 RJC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to July 10, 1926, that I last saw him alive on July 10, 1926 and that death occurred, on the date stated above, at 5 59 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) Sarcoma of Hip

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of April 12, 1926

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship G. C. County DATE OF BURIAL July 13 1926

20 UNDERTAKER W. Cook ADDRESS 502 E Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12272

CERTIFICATE OF DEATH.

89 E 12272

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 205 S Exeter St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Domine Fava

(a) RESIDENCE NO. 205 S Exeter St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 19 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Mathew Fava

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Lebeto

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Domil Cosmi

(Address) 2618 Park Heights Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 10, 1926, that I last saw him alive on July 10, 1926, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. Deitrick, M. D.

, 19 (Address) 1830 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — Date of Burial July 12 1926

20 UNDERTAKER: Kendell Riffel & Son — ADDRESS 5 E Lan

Cor.—12-9-25—A. Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12273

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12273

REGISTERED NO.

City of BALTIMORE: (No. 601 Pennington Ave. Curtis St. Bay 25-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignatz Horman.

(a) RESIDENCE NO. 601 Pennington Ave. Curtis Bay. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 15 yrs. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Widower.

5a If ~~single~~, ~~married~~, widowed, ~~divorced~~ WIFE or HUSBAND of ~~XXXXXXXX~~ Martha Horman.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41	----		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Demeto Horman.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Alexandra Dedak.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Samuel Horman. (brother)

(Address) 601 Pennington Ave. Curtis Bay.

Filed ---- 1926 ---- THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

7/9. 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Orthodox Cem Date of Burial 7/12 1926

20 UNDERTAKER Wm Gaekowski ADDRESS 1618 Eastern

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12274

CERTIFICATE OF DEATH.

113 E 12274

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2630 Hudson St. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Jaworin

(a) Residence No. 2630 Hudson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. — mos. — ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 29-1925

7-AGE.	If LESS than 1 day.
....yrs. 7 mos. 11 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Javornin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Mary Wozniak

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) William Javornin

(Address) 2630 Hudson St

15- Filed July 11 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 10-1926

17- I HEREBY CERTIFY, That I attended deceased from July 8 19 26 to July 10 19 26

that I last saw h.er alive on July 10 19 26

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Complaint

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Harmans Station

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

July 10. 19 26 (Address) 553 E Eastern Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	July 11 19 26
20-UNDERTAKER.	ADDRESS
Stephen J Fialkowski	1000 E Monument Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12275

CERTIFICATE OF DEATH.

112 E 12275

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat ST. 26th WARD)

2-FULL NAME John Shields

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) March 7-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	58	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver - 0 2 3

(b) General nature of industry, business, or establishment in which employed (or employer) Driving

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John F. Shields

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Bridget A Callen

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland -

14 Informant Record of Mt Hope Retreat (Address) Mt Hope Md

Filed July 11 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1908 to July 10th 1926.

that I last saw him alive on July 9th 1926

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis - Complicated by Acute Dilatation of Heart

(duration) 0 yrs. 0 mos 2 ds.

CONTRIBUTORY (Secondary) Depressed Psychosis

(duration) 17 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

July 10, 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 7/12 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12276

CERTIFICATE OF DEATH.

44 E 12276

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 566 1/2 Oxford St. 17-2 WARD)

2-FULL NAME Samuel Badger

(a) RESIDENCE NO. 566 1/2 Oxford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rag buyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Emanuel Badger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louisa White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Rosa Lee 566 Oxford

Filed: OCT 11 1926

Registrar: H. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to July 8, 1926

that I last saw him alive on July 8, 1926,

and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis (CHronic)

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 7/11 1926

20 UNDERTAKER: Samuel Hensley

ADDRESS 578 W Balto

Spec.—12-9-25—A Co.—200 Pks.

E 12277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 12277

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 141 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Allen

(a) RESIDENCE NO. St. Catherine's Home St. Prestman & Druid Hill Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): July 10, 1918

7 AGE: Years 9 Months 11 Days 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Allen

11 BIRTHPLACE OF FATHER (city or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Edna Wrightson

13 BIRTHPLACE OF MOTHER (city or town): Maryland

(State or country)

14 Informant (Address): Matron St. Catherine's Home JOHNS HOPKINS HOSPITAL

Filed JUL 1 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to July 10, 1926, that I last saw h-r alive on July 10, 1926, and that death occurred, on the date stated above, at 7 20 A m.

The CAUSE OF DEATH* was as follows:

Tetanus (Acute)

(duration) ...yrs. ...mos. 7 ds. (?)

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? St. Catherine's Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical symptoms

(Signed) Francis P. Smith, Jr., M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Date of Burial July 12 19 26

20 UNDERTAKER: Edward J. Kelly ADDRESS: Laurel

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12278

CERTIFICATE OF DEATH.

46 E 12278

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2639 Harlem Avenue St. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Mary Jones

(a) RESIDENCE NO. 2639 Harlem Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William O. Jones

6 DATE OF BIRTH (month, day, and year) Apr. 21, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Orange (State or country) N. J.

PARENTS

10 NAME OF FATHER James Lane Rutherford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Conathy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary P. Reilly

(Address) 1029 W. Lanvale Street

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/26. 19

17 I HEREBY CERTIFY, That I attended deceased from 8/4/ , 19 25 to 7/10/26 , 19 , that I last saw h er alive on 7/8/26 , 19 , and that death occurred, on the date stated above, at 6,20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus

(duration) yrs. 11 mos. 6 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-4-26.

Was there an autopsy? No.

What test confirmed diagnosis? Lab exam of tissue

Signed Geo. A. Dawden, M. D.

7/10 19 26 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 7/13 19 26

20 UNDERTAKER Henry W. Meade & Son

ADDRESS 605 N Calvert

Spec.—1-10-21—M&T—1500 Blks.

E 12279. E 12279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 122..

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 McCabe Avenue, (Govans) (WARD)

2-FULL NAME Thomas H. Murray

(a) RESIDENCE NO. 611 McCabe Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Dorman

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Port Deposit

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Murray

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Bannon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Charles V. Murray

(Address) 5000 Tioga Ave. Govans

15 Filed 7 12 1926. 19 C. HAMPSON JONES, M. D. Registrar

Via Automobile K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 7 . 1926 . to July 9 . 1926.

that I last saw h[illegible] alive on July 8 . 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr Int Nephritis

Chr Myocarditis

(duration) 20+ yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) D. R. Bishop M. D.

July 9 . 1926 (Address) 501 S Heridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL St. Patrick's Cem. Havre de Grace, Md.

DATE OF BURIAL 7/12 1926

20 UNDERTAKER Henry W. Means & Son

ADDRESS 805 N. Calvert St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12280

CERTIFICATE OF DEATH.

129 E 12280

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Linwood Avenue 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret H. Wansch

(a) RESIDENCE NO. 833 N. Linwood Avenue WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 25 yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Wansch

6 DATE OF BIRTH (month, day, and year) Apr. 24, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Dissel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Nicholas Wansch

(Address) 833 N. Linwood Avenue

15 Filed 7-11 1926 16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 19 26.

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 9, 1926, that I last saw h W alive on July 9, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage (Apoplexy)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chr. diffuse nephritis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Jacob Cohen M. D.

7-11, 1926 (Address) 2233 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 7/12 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 80 N. Calvert St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 12281 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12281

CERTIFICATE OF DEATH

1-PLACE OF DEATH 2526 Druid Hill Ave. REGISTERED NO.

CITY OF BALTIMORE: (No. 2526 Druid Hill Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marshal G. Wilson

(a) RESIDENCE. No. 414 Druid Hill Ave St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	One	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel.

(c) Name of employer Thomas Smith

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Adolphus Wilson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Smith

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Maryland.

14 Informant Wallace L. Smith
(Address) 504 E. Lafayette Ave.

15 Filed C. HAMPSON JONES, M.D. COMMISSIONER OF HEALTH JUL 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1926, to July 9th, 1926, that I last saw h[illegible] alive on July 8th, 1926, and that death occurred, on the date stated above, at 4.00 A.m.

The CAUSE OF DEATH* was as follows:

Epithelioma Larynx

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Thyroid

(duration) yrs. 2. mos. ds.

18 Where was disease contracted if not at place of death? At 414 Druid Hill Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Samuel Lago, M. D.

, 19 (Address) 2934 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 12 1926
20 UNDERTAKER Jno. M. Johnson	ADDRESS 1234 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12282

CERTIFICATE OF DEATH.

122-002 E 12282

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 220 N. Greene ST., 4-1 WARD)

2-FULL NAME Pasquale Cinquegrani

(a) RESIDENCE No. 220 N. Greene ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 28 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Ferlitta

6 DATE OF BIRTH (month, day, and year) June 8. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	71	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Own self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Vincenzo Cinquegrani

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Farbo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Vincent Cinquegrani
(Address) 220 N. Greene St.

15 Filed JUL 12 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4 .1926. to July - 9 .1926.
that I last saw him alive on July. 9 .1926.
and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

General arterio sclerosis.
Hepatic sclerosis.

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial insuf-
ficiency (duration) ... yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 7-6-26

Was there an autopsy? no

What test confirmed diagnosis? Taping of abdomen.

(Signed) S. Sindoni M. D.

7-11-1926 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	7/12/26 19
20 UNDERTAKER	ADDRESS
Geo. J. Ruth Inc	1735 Hanover

Spec.—12-9-[illegible]—A Co.—200 Bks.

1926 E 12283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 12283

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dobbs

(a) RESIDENCE NO. 1744 Lemmont Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Dec 10, 1925

7 AGE: Years | Months 8 7 | Days 0 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Ind.

PARENTS

10 NAME OF FATHER: Edward Dobbs

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Joan Grimsdale

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES M. Registrar

JUL 12 1926

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 10, 1926

that I last saw h.. alive on July 10, 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Syphilis, congenital

(duration) life yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath Cemetery

Date of Burial: 7/12 19 26

20 UNDERTAKER: D George & Ruth

ADDRESS: 1135 Hanford Ave

Spec.—1-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12284 ✓ 129 E 12284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Roslyn Apartments 15-5 REGISTERED NO.

City of BALTIMORE: (No. Roslyn Baltimore St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Mary Mark Dwyer

(a) RESIDENCE NO Roslyn Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Dwyer

6 DATE OF BIRTH (month, day, and year): June 10-1842

7 AGE: Years 84 | Months 1 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Thomas Perkins Mark

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Mary T. Schroate

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Mrs. Chas. P. Sigmund

(Address): Roslyn Baltimore

15 Filed: JUL 12 1926 By: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to July 9th, 1926, that I last saw her alive on July 9, 1926, and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Arrhythmia

(duration) 1 yrs. 1 mos. 3 ds.

18 Where was disease contracted: —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Baltimore findings

(Signed) Herbert E. Gaynor, M. D.

, 19 (Address) 3048 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial July 13 1926

20 UNDERTAKER: J. Pickett Sons ADDRESS: Northern

Spec.—1-12-23—M&T—500 Bks.

E 12285 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12285

CERTIFICATE OF DEATH.

161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 E. Biddle ST., 8-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Nix.

(a) RESIDENCE NO. 2305 E. Biddle ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6 DATE OF BIRTH (month, day, and year) July 10, 1926.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Edna Nix.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Edna Nix
(Address) 2305 E Biddle St

Filed JUL 12 1926, 19 ..... C. HARRISON JONES, Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 10, 1926, that I last saw h alive on ....., 19....., and that death occurred, on the date stated above, at 10:33 P m.

The CAUSE OF DEATH* was as follows:

Breech presentation.
Delivery without medical attention

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -----

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? -----

(Signed) Albert Singewald, M. D.

7/12, 19 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cem

DATE OF BURIAL 7/12 1926

20 UNDERTAKER George J Ruth, M. D.

ADDRESS 1130 Hurford

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12286

CERTIFICATE OF DEATH.

131 ✓

E 12286

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 Gold St. 15-13 Ward)

2-FULL NAME Mary Eleanora Jones

(a) RESIDENCE NO. 717 Gold St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas H. Jones

6 DATE OF BIRTH (month, day, and year) Oct 27 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md

PARENTS

10 NAME OF FATHER John Thomas Caden

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Rosie J. Cole

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Mary Cole

(Address) 717 Gold St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-8, 1926, to 7-10, 1926

that I last saw h.. alive on 7-9, 1926

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pyo Nephrosis

(duration) .....yrs. .....mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) [illegible], M. D.

7-11, 1926 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial 7/12/26

20 UNDERTAKER: Mrs. Lee H. Holland — ADDRESS 163 Druid Hill Ave

JUL 12 1926

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12287 E 12287

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. University Hosp. ST. 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad B. Yost

(a) RESIDENCE No. Salisbury N.C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (write the word) M

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Frances Yost

6 DATE OF BIRTH (month, day, and year) March 3rd 1866

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

10 NAME OF FATHER C. A. Yost

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Adelaine Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Mrs. Forman

(Address) Salisbury N.C.

15 Filed 19

C. HARRISON JONES, M.D.

Registrar

FILED JUL 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1926, to July 11, 1926, that I last saw him alive on July 11, 1926, and that death occurred, on the date stated above, at 6:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid with metastasis to liver.

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Acute Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of June 25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. S. Anderson, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury N.C.

DATE OF BURIAL 7/12/26

20 UNDERTAKER Harry A. Welsh

ADDRESS 1631 W. Lombard St.

Spec.—12-9-25—A Co.—200 Bks.

Winling

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 12288

E 12288

REGISTERED NO._____

1-PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St. 6-3 Ward)

2-FULL NAME Mrs Anna Winling

(a) RESIDENCE NO. 411 N. Port St. City St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Winling

6 DATE OF BIRTH (month, day, and year) March 15. 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
64	63	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John Heinbuck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elis Weinel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Catherine Kirkham

(Address) 130 Rochester Place

15 Filed_____, 19____ C. HARRISON JONES, M.D. Registrar

JUL 12 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10- 19 26

17

I HEREBY CERTIFY, That I attended deceased from 7-9-26, 19____, to 7-10-26 19____,

that I last saw h.CV alive on 7-10-26, 19____,

and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Gangrene of gall-bladder

(duration) ____yrs. ____mos. 2 ds.

CONTRIBUTORY

(Secondary)

(duration) ____yrs. ____mos. ____ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 7-9-26. 6 VSV

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry V. P. Wilson, M. D.

, 19 (Address) Church Home Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Cemetery — Date of Burial: July 13 1926

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Eutaw St

Cor 12289 100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12289

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 517 West Mulberry ST. 4-1 WARD)

2-FULL NAME Myer Burgunder.

(a) RESIDENCE NO. 517 West Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 24, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country) Md.

10 NAME OF FATHER Hugo Burgunder

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Esther Bergman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Mr. Isaac Baer
(Address) Lake Drive Apts.

Filed JUL 12 1926 Per C. H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10th. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion Kidneys
Uremia
Arterio Sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Maurice Grossman, M. D.
(Coroner.)
, 1926 (Address) 332 S. Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Sinai Cemetery

DATE OF BURIAL 7/12/1926

20 UNDERTAKER Harry Sondheim

ADDRESS 118-20 W. Mt. Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12290

CERTIFICATE OF DEATH.

1926

REGISTERED NO. C E 12290

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1112 S Lakewood Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Klymczuk

(Residence in Baltimore: No. 1112 S Lakewood Ave St.: yrs. 20 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1895 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Works

9-BIRTHPLACE, (State or Country), Rusia Poland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Rusia Poland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Rusia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Klymczuk

(Address) 1112 S Lakewood Ave

15- Filed JUL 12 1926 191.... CLAYTON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 10 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was-as follows:

Heart Prostration

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) James M Phelan M. D. (Coroner.)

7-12-1926, 191.. (Address) 700 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Russian Independent Church	July 13, 1926
20-UNDERTAKER	ADDRESS
Stephen J Stalkowski	5 Ponnwood Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12291

CERTIFICATE OF DEATH.

1924 E 12291

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Baltimore ST. 11th WARD)

2-FULL NAME Rachel Johnson

(a) RESIDENCE NO. 1124 Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Johnson

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 85 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Charlotte Fuguet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. [illegible] Goldsborough

(Address) 1124 Baltimore

15 Filed [illegible], 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9th 1924

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1923 to July 9th 1924.

that I last saw h[illegible] alive on July 9th 1924

and that death occurred, on the date stated above, at 10 H m.

The CAUSE OF DEATH* was as follows:

Hypostasis of Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ethmia Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Clark, M. D.

19[illegible] (Address) 5 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: July 12 1924

20 UNDERTAKER: Samuel T Hemsley ADDRESS: 578 W Biddle St

1 21926 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 12292 HEALTH DEPARTMENT—CITY OF BALTIMORE

160

CERTIFICATE OF DEATH.

E 12292

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Cleveland ST. 21-V WARD)

2-FULL NAME Baby Coolidge Ferrell

(a) RESIDENCE NO. 1338 Cleveland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20/1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Edward A. Ferrell

11 BIRTHPLACE OF FATHER (city or town) Troup Co. (State or country) Ga

12 MAIDEN NAME OF MOTHER Beasley Word

13 BIRTHPLACE OF MOTHER (city or town) Troup Co. (State or country) Ga

14 Informant Edward A. Ferrell

(Address) 1338 Cleveland

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from July 6th, 1926 to July 11th, 1926.

that I last saw him alive on July 11th, 1926

and that death occurred, on the date stated above, at 3.46 P. m.

The CAUSE OF DEATH* was as follows:

Icterus Neonatorum

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. E. Bell M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	July 12/1926

20 UNDERTAKER Daniel Easton Sons & Cane ADDRESS 96

Spec.—1-10-21—M&T—1500 Bks.

E 12293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 12293

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 736 Eutaw ST., 11-2 WARD)

2-FULL NAME Marie Pinkney

(a) RESIDENCE NO. 736 Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 If Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1908

7 AGE: Years 18 yrs. Months Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Irving Pinkney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lucie Portent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington

14 Informant: Irene Pinkney

(Address): 736 N. Eutaw St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1st 26 to July 10th 1926

that I last saw her alive on July 4th 1926

and that death occurred, on the date stated above, at 5:40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Otis, M. D.

(Address) 724 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 13/1926

20 UNDERTAKER: Henry Easton

ADDRESS 516 Cathedral

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 12294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182

E 12294

REGISTERED NO.

1-PLACE OF DEATH Ground and 1st

City of BALTIMORE: (No. Balt City Hospital St. 76-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel H. Falter

(a) RESIDENCE NO. 3425 1st ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1911

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	14	~~8~~	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER John H Falter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Catherine Hanes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Catherine Falter

(Address) 3425 1st ave

Filed DEC 12 1925 19

C. HAMILTON JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held ~~a~~ Coroner's Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) said investigation find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental drowning
when he dived off
pier at No 3 Elevator July 9
striking (duration) head mos. ds.
CONTRIBUTORY rendering him partly
(Secondary)
unconscious (duration) yrs. mos. ds.
which caused his death

Signed John M. Falter (Coroner) June 14 1926 M. D.

7 13. 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery Date of Burial July 13 1925

20 UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12295 E 12295

CERTIFICATE OF DEATH.

113

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 William St. St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt Judson Crouse

(a) RESIDENCE NO. 500 William St St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Samuel T Crouse

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Louise Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Mrs Louise T Crouse

(Address) 500 William St

Filed JUL 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11/26

17

I HEREBY CERTIFY, That I attended deceased from July 6/26, 19____, to July 11/26, 19____, that I last saw h__ alive on July 11/26, 19____, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ____ yrs. ____ mos. 6 hrs. ds.

CONTRIBUTORY (Secondary) Cholera Infantum

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

Signed July 11/26 H. H. Holl, M. D.

(Address) 1038 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Western Cem July 13 1926

UNDERTAKER ADDRESS

W. M. Cole 1128 Hart St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-001

E 12296

E 12296
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph Hospital St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis George Schick

(a) RESIDENCE NO. 1610 Clifton Place St. _____ Ward _____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) July 28/21

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Francis Joseph Schick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Jennie Hildebrandt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md

14 Informant Francis Joseph Schick
(Address) 1610 Clifton Place

15 Filed _____, 19___ C. HAMPSON DAVIS, M. D.
JUL 21 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Streptococcic)

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Otitis Media-Mastoditis

(duration) ___ yrs. 2 mos. ___ ds.

(Signed) J. H. Bailey, M. D.
(Coroner)

7/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 7/12 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave

Spec.—12-9-25—A Co.—200 Bks.

E 12297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12297

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 S. 11th St. 26-7 Ward)

2-FULL NAME Albert. Brown.

(a) RESIDENCE NO. 7 S. 11th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Brown

6 DATE OF BIRTH (month, day, and year) March 16/1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Mt Clare Shop.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Cornbrea F. Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Rosina Frang

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Geo. F. Brown

(Address) 7 S. 11th St.

15 Filed 2 1926 19

Per C. HARPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to July 10, 1926, that I last saw him alive on July 9, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. Albert Singewald, M. D.

7/10/1926 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holy Redeemer Cemetery July 13 1926

20 UNDERTAKER ADDRESS

Geo. F. Smith 735 Hanford Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12298

CERTIFICATE OF DEATH.

89 E 12298

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1122 E. FORT AVE. St. 24-3 Ward)

2-FULL NAME Margaret A. Kelly.

(a) RESIDENCE NO. 1122 E. FORT AVE. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 24 How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female,

4 Color or Race: White,

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late James Kelly.

6 DATE OF BIRTH (month, day, and year): March 16 1866.

7 AGE — Years: 60, Months: 3, Days: 24. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Patrick Hawkins.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Mrs. Margaret Jenkins.

(Address) 1122 E. FORT AVE.

15 Filed JUL 12 1926 19 C. HAMPSON LEE, M. D. Registrar.

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to July 10, 19 26

that I last saw her alive on July 9, 19 26

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 10 da.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hollaman, M. D.

7/12, 1926 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial July 13, 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 38 E. Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12299

CERTIFICATE OF DEATH.

117

E 12299

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. North Broadway St., ~~Ward~~ 23rd)

2-FULL NAME Mrs. Nellie Arnendt

(a) RESIDENCE NO. 613 North Kenwood Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or ~~divorced~~ (or) WIFE of: Frederick W. Amendt

6 DATE OF BIRTH (month, day, and year): Jan 23/77

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Wm Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Fred. W. Amendt Jr.

(Address) 613 N. Kenwood Ave

15 Filed ..... 19 C. HARRISON JONES, M.

Registrar

L 12299 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7/10/26

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 10, 1926, that I last saw her alive on July 10, 1926, and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Prolapsus uteri } operation — Rt
Appendicitis chronic } rectus side.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia (lobar)

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 7-6-26.

Was there an autopsy? No

What test confirmed diagnosis? Operation & clinical findings

(Signed) Henry J. P. Wilson M.D., M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial 7/13 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—12-25—A Co.—200 Bks.

1935 07

E 12300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 12300

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-3 Ward)

2-FULL NAME Albert Freidel

(a) RESIDENCE NO. 2312 Orleans St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 16 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 24 24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md -

PARENTS

10 NAME OF FATHER Charles Freidel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md -

12 MAIDEN NAME OF MOTHER Edith Hyllee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md -

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed _____ 19 _____ HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5th 26, to July 10th 26, that I last saw h[illegible] alive on July 10th 26, and that death occurred, on the date stated above, at 5 20 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) Thomas R. Cornwell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — Date of Burial 7/13 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St

L 12 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 12301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154-002 E 12301

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1440 N Broadway St. 8-3 Ward)

2-FULL NAME Oscar Merker

(a) RESIDENCE NO. 1440 N Broadway St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, ~~Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 7/4

6 DATE OF BIRTH (month, day, and year) April 19 - 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Oscar Merker

11 BIRTHPLACE OF FATHER (city or town):

(State or country) New York

12 MAIDEN NAME OF MOTHER Nettie M Sager

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore

14 Informant Oscar Merker

(Address) 1440 N. Broadway

Filed JUL 12 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1926, to 7/11, 1926, that I last saw him alive on 7/11, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) .....yrs. 2 mos. .....ds.

CONTRIBUTORY (Secondary) Myocarditis Terminal

(duration) .....yrs. .....mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Dr. Myles, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem Date of Burial July 12 1926

20 UNDERTAKER Robt G Turner ADDRESS 1612 N. Broadway

Cor.—12-9-25—A Co.—200 Blks.

E 12302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12302

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 Saratoga St. 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lourmal Smith

(a) RESIDENCE NO. 606 Saratoga St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Smith

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 57 yrs | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Cundiopland

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Elvera Campbell

(Address) 423 Gay St. Stuyvesant, De.

15 Filed JUL 12 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Levin M. D.
(Coroner)

, 192 (Address) 1325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C. Date of Burial July 13 1926

20 UNDERTAKER J. H. Rochester ADDRESS 1413 Jefferson

17 Apr for

Cor.—12-9-25—A Co.—200 Bks.

(John Bludzus)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12303
1-PLACE OF DEATH

17° E 12303
REGISTERED NO.

City of BALTIMORE; (No. Unnumbered East St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bludzus BLUDZUS

(a) RESIDENCE NO. 557 W Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
No. 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Talor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Lithvania

PARENTS

10 NAME OF FATHER Stanis Bludzus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithvania

12 MAIDEN NAME OF MOTHER Mary Dravgelis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithvania

14
Informant Mikele Bludzus
(Address) 618 S Paca Street

ed 12 1926, 19 C. THOMPSON Registrar.
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Paralysis, Complete
Apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Daniel Hunter M. D.
(Coroner)

, 192 (Address) 332 Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
Holy Redeemer — July 14. 1926

20 UNDERTAKER — ADDRESS
John Grebliauckas — 423 S. Paca St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12304

CERTIFICATE OF DEATH.

90 E 12304

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 34 E. Hughes St., 22-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Watts

(a) RESIDENCE NO. 37 E. Hughes St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Watts

6 DATE OF BIRTH (month, day, and year) Sept 7 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	9 10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Talbot Co. Md

PARENTS

10 NAME OF FATHER Mark Garrison

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Talbot Co. Md

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) (?)

14 Informant James Watts

(Address) 37 E. Hughes St.

15 Filed JUL 12 1926, 19____ C. HARRISON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 11, 1926, that I last saw h[illegible] alive on July 10, 1926, and that death occurred, on the date stated above, at 7:54 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Epidemic Edema

(duration) yrs. mos. 15 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. H. Cameron, M. D.

7/12 26 (Address) 130 Bowers Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

Date of Burial July 13 1926

20 UNDERTAKER Edward Bryan

ADDRESS 631 Orleans St

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12305

CERTIFICATE OF DEATH.

90 E 12305

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 Ridgewood Rd Roland St. Park 27-6 WARD)

2-FULL NAME John Alleyne Calhoun

(a) RESIDENCE No. 114 Ridgewood Rd Roland Park 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~: Mrs J. A Calhoun

6 DATE OF BIRTH (month, day, and year): March 25th 1864

7 AGE: Years 62 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President of

(b) General nature of industry, business, or establishment in which employed (or employer): W. D. Gill & Sons Inc

(c) Name of employer: Lumber Co

9 BIRTHPLACE (city or town) (State or country): New Brunswick Canada

PARENTS

10 NAME OF FATHER: Capt John Calhoun

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Caroline Baughn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Kate L. Brock

(Address) 114 Ridgewood Rd Roland Park

15 Filed 7 12 1926 19

C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1926 to July 11, 1926.

that I last saw him alive on July 11, 1926.

and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Pulmonary Emphysema, Acute Bronchitis

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary): Cardiac Thrombosis

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) M. Gibson Porter M. D.

7/12 1926 (Address) 432 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saint Johns New Brunswick Canada

DATE OF BURIAL: July 14 26

UNDERTAKER: Henry Gardiner & Son

ADDRESS: Eutaw & Baltimore

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12306

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 12306

1-PLACE OF DEATH

City of BALTIMORE: (No. 2303 Hunter St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah E. Ennalls

(a) RESIDENCE NO. 2303 Hunter St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1888

7 AGE — Years: 38 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Delaware

(State or country)

PARENTS

10 NAME OF FATHER: George Purston

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Delaware

12 MAIDEN NAME OF MOTHER: Hester Benton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Delaware

14 Informant: Edward Ennalls

(Address): 2303 Hunter St.

15 Filed....., 19..... Registrar

12 1926 D...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10, 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 10, 1926, that I last saw h.e.r. alive on July 10, 1926, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis.

(duration) 4 yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? Don't know

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Hugh Forsythe, M. D.

J 12, 1926 (Address) 418 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Love Point — Date of Burial: July 12, 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 123 Eastland Ave

Spec.—12-1-25—A Co.—200 Bks.

1926 210

HEALTH DEPARTMENT—CITY OF BALTIMORE

138

E 12307
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12307
REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie Williams Cole

(a) RESIDENCE NO. 207 N. Rose St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 41 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: N. Work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md.

PARENTS

10 NAME OF FATHER: Louis Clemens

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md.

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed: 6 HUMPSON JONES, M. D. Registrar

LT 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24th 26, 1926, to July 9th, 1926, that I last saw h.e. alive on July 9th, 1926, and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:
Post Operative Pelvic Abscess.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Pyelonephritis.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 26.

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy, Urine Exam.

(Signed) R. L. Faulkner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — Date of Burial July 10 1926

20 UNDERTAKER: Mrs. P. A. Elliott — ADDRESS 1725 Ashland

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12308

CERTIFICATE OF DEATH.

74-091

E 12308

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] St. 76-b WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose ~~Durant~~ Derwart

(a) RESIDENCE No. 2754 Wilkins Ave St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Jacob Joseph ~~Durant~~ Derwart

6 DATE OF BIRTH (month, day, and year) June 20 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann? McAdams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant City Hospital Records (Address)

15 Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1925 to July 10, 1926, that I last saw her alive on July 10, 1926, and that death occurred, on the date stated above, at 5-50 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Residual Hemiplegia (left)

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage.

Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

July 11 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	July 13 1926
20 UNDERTAKER Robt J Turner & Co	ADDRESS 1342 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

112 E 12309

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 12309
1-PLACE OF DEATH

City of BALTIMORE: (No. Hillsdale, Maryland St. 25-3 Ward)

2-FULL NAME Charles Wm. Gustav Riechert

(a) RESIDENCE NO. Hillsdale, Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Riechert

6 DATE OF BIRTH (month, day, and year) April 15, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md. Dental School

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Charles W.G.Riechert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Ruth Ann Wells

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Mt. Washington, Md.

14 Informant Mary E. Riechert

(Address) Hillsdale, Maryland

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/11 9 A.M. 1926 to 7/11 8 P.M. 1926

that I last saw h... alive on 7/11 5:30 P.M. 1926

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

acute Indigestion

11 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Indigestion

11 hours

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirm... diagnosis?

(Signed) Geo. H. Eversfield, M. D.

July, 19 26 (Address) Windsor Road, Hillsdale Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Woodlawn Cemetery — July 14 1926

20 UNDERTAKER — ADDRESS

Joseph B. Cook — 1003 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

E 12310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 185 E 12310

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 17-1 WARD)

2-FULL NAME Miss Jane Brown

(a) RESIDENCE NO. 806 Frederick ave ST., WARD

(Usual place of abode) Catonsville, md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 6, 1844

7 AGE: Years 82 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ellicott city md.

PARENTS

10 NAME OF FATHER: Peter Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Rev. John A. Nesbitt

(Address) 5 Wilderest ave. Catonsville md.

15 Filed JUL 12 1926 HAMPSON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/10/26 19

17 I HEREBY CERTIFY, That I attended deceased from 6-30, 1926, to 7-10, 1926, that I last saw h[illegible] alive on 7-10, 1926, and that death occurred, on the date stated above, at 1175 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(a)

(b) Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of hip (duration) 0 yrs. 0 mos. 15 ds.

18 Where was disease contracted if not at place of death? Catonsville, md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos. P. Sparks, M. D.

7/11, 19 26 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: July 13 1926

20 UNDERTAKER: Joseph B Cook

ADDRESS 1003 N Betts St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 12311

CERTIFICATE OF DEATH.

E 12311

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Jefferson ST. 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Osborne

(a) RESIDENCE No. 1303 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 10, 1926

7 AGE Years Months Days If LESS than 1 day, 1 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Elizabeth Osborne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Elizabeth Locke

(Address) 1303 Jefferson

Filed JUL 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to July 10, 1926, that I last saw him alive on July 10, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) — yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Bernard Hans, M. D.

19 (Address) 38 S Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL July 12 1926

20 UNDERTAKER Mrs J. G. Locke

ADDRESS 1312 Jefferson

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12312

CERTIFICATE OF DEATH.

135

E 12312

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3929 Greenmount Ave St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Frank Terry

(a) RESIDENCE NO. 3929 Greenmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. (25) mos. ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie H. Terry.

6 DATE OF BIRTH (month, day, and year) Feb 2-1840

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of indnstry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Batavia

(State or country) New York

PARENTS

10 NAME OF FATHER George W. Terry.

11 BIRTHPLACE OF FATHER (city or town) Batavia

(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Lavina Graham

13 BIRTHPLACE OF MOTHER (city or town) Batavia

(State or country) N. Y.

14 Informant Grace Munn

(Address) 3929 Greenmount Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 10-1926

17

I HEREBY CERTIFY, That I attended deceased from June 17- 1926, to July 10- 1926, that I last saw him alive on July 9- 1926, and that death occurred, on the date stated above, at 10:55 A.m.

The CAUSE OF DEATH* was as follows:

Acute Mania

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Prostatetis

(duration) — yrs. — mos. 25 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) Chester Riland, M. D.

7-10-1926 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial July 13 19

20 UNDERTAKER Isaiah Lyles ADDRESS 1400 W North Ave

JUL 12 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

Registered No. E 12313

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N. Fulton St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Isabella Dutton

(a) Residence No. Home for the Aged of the M. E. Church St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 6-1849

7-AGE. 76 yrs. 7 mos. 6 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS

10-NAME OF FATHER. Francis McLaughlin

11-BIRTHPLACE OF FATHER (city (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Mary Jane Griffin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14-Informant. Ethel Bradley

(Address) 400 N. Fulton Ave

15-Filed JUL 12 1926 19 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 12-1926

17- I HEREBY CERTIFY, That I attended deceased from June 28 19 26 to July 12 19 26.

that I last saw h.. alive on July 11 19 26

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Carcinoma

(Duration) 1 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Pericolitis.

(Duration) ✓ yrs. 2 mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual methods

(Signed) Geo. A. Shannon M. D.

7/12 1926 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park	July 15 1926
20-UNDERTAKER, Geo. J. Smith	ADDRESS 1532 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

12314

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 12314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST.) (WARD) 25-7

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lloyd Chronister

(a) RESIDENCE No. 501 Patapsco Ave. Brooklyn Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 22, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Lloyd Chronister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Brooklyn Md

12 MAIDEN NAME OF MOTHER: Mary O'Conner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lancaster, Pa

14 Informant (Address): 501 Patapsco Ave Brooklyn Md

Filed JUL 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 11, 1926, that I last saw h[illegible] alive on July 11, 1926, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Tub. Broncho - pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin; lab + X-Ray

(Signed) Reynold L. Jensen M. D.

7/11, 1926 Address W. Balto General

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: July 13 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12315

CERTIFICATE OF DEATH.

E 12315

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Stonewood Ave ST., 9-4 WARD)

2-FULL NAME John T. Ewing

(a) RESIDENCE NO. 1911 Stonewood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Ewing

6 DATE OF BIRTH (month, day, and year) Feb 20, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas, Md.

PARENTS

10 NAME OF FATHER John Ewing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co.

12 MAIDEN NAME OF MOTHER Eliz. Woodell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co.

14 Informant Mrs. Mary Ewing (Address) 1911 Stonewood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov ..., 1925, to July ..., 1926, that I last saw h[illegible] alive on July 10, 1926, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Toxemia. Acidosis

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) W. B. Peters M.D.

. 19 (Address) 1. H. Battle M.D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's-Govans	July 14 1926

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Greenmount Ave

JUL 12 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12316

CERTIFICATE OF DEATH.

159-003 E 12316

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. Broadway ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agatha Beene

(a) RESIDENCE NO. 12 E. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Leo J. Beene

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary V. McCarthy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Leo J. Beene
(Address) 12 E. Broadway

15 Filed JUL 12 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1926. to July 11, 1926.
that I last saw her alive on July 11, 1926.
and that death occurred, on the date stated above, at 4 P. M. m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of Skull, - complete absence of occiput and brain contents

(duration) ... yrs. ... mos. 1/24 ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) E. L. Pessano M. D.

7.12.26. (Address) 5-14 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL 7/14 1926

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E. Balto.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12317

188-008

E 12317

CERTIFICATE OF DEATH.

REGISTERED NO.

E 12317
1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annata Spinoso

(a) RESIDENCE NO. 1431 Gough St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) June 17/20

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Vincent Spinoso

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Sparogo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Vincent Spinoso

(Address) 1431 Gough St

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-struck by automobile- Accident

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. Edw. Peters M. D.
(Coroner)

7/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial July 13 1926

20 UNDERTAKER Wendell Deppel ADDRESS 37 Broadway

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12318

CERTIFICATE OF DEATH.

90 E 12318

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 N. Chapel St St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Vacek

(a) RESIDENCE NO. 916 N. Chapel St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vacek

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Rose Pistorio

(Address) 1812 Henneman Ave

15 Filed JUL 12 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

7/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial July 14 1926

20 UNDERTAKER Grant Crook Sons ADDRESS 1006 Belnord

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12319
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74E 001 E 12319
Registered No. C.....

City of BALTIMORE: (No. 1516 Baldwin St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Susanna R. Miller

(Residence in Baltimore: No. 1516 Baldwin St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed, Divorced~~. (Write the word.) married

6-DATE OF BIRTH. Sept (Month) 12 (Day) 1853 (Year)

7-AGE. 72 yrs. 10 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Charles Miller

(Address) 1516 Baldwin St.

15-

Filed ..... 192.. C. HAMPSON JONES, M. D.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 12 (Day) 192.6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)

7-12 192.6 (Address) 2632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Hanover Pa DATE OF BURIAL. July 16 19 26

20-UNDERTAKER. Edmonston & Son ADDRESS 3611 Chestnut Ave

Spec. — 19 — 1,000 Bks.

E 12320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12320

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Lorderhall ST. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Butler

(a) RESIDENCE. No. 927 Lorderhall ST. 23 WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Butler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ruth Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Howard Butler

(Address) 927 Lorderhall

15 Filed JUL 13 1926 C. H[illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/26

17 I HEREBY CERTIFY, That I attended deceased from 7/6/26, to 7/10/26, that I last saw h[illegible] alive on 7/9/26, and that death occurred, on the date stated above at 1-20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Probably Latent) (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Jno Bayley, M. D.

7/12/26 (Address) 918 N Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 7-13-26

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 12321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12321

CERTIFICATE OF DEATH.

46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Marshall ST 23-2 WARD)

2-FULL NAME Mary H. Colein

(a) RESIDENCE NO. 1615 Marshall ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 ~~Single, Married, Widowed~~, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Colein

6 DATE OF BIRTH (month, day, and year): Sept 11-1855

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Joseph Baumgarten
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Amelia Michael
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Harry Colein
(Address): 1615 Marshall St

15 Filed 19 Per ..... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to July 11, 1926
that I last saw h alive on July 11, 1926
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma
of uterus

(duration) 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Alex R. Campbell M. D.
12-1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: July 13 1926

20 UNDERTAKER: F. A. Schause & Son — ADDRESS: 203 Hanover

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12322

CERTIFICATE OF DEATH.

22-2161-001 E 12322

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Baby" Lee

(a) RESIDENCE NO. 38 Church St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) June 23/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Rudolph Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER Frances Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

Filed 7-13-1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurityk about 7 1/2 Mons Gest.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Chiene M. D.

(Coroner)

7/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Co Date of Burial July 13 1926

20 UNDERTAKER S. E. Brown's Son ADDRESS 106 n Howard

Spec.—1-10-21—M&T—1500 Bks.

E 12323 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12323

11-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 E Fairmount St., 6-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Smith

(a) RESIDENCE No. 1523 E Fairmount Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Mar 8 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37 y	4	3 dy	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore for Oil

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer North & Lilly Stevedores

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William Smith

(Address) 426 N Regester St

15 Filed JUL 13 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to July 11, 1926, that I last saw h[illegible] alive on July 10, 1926, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) La Grippe & Acute Pleurisy

(duration) yrs. mos [illegible] ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard Easlinger M. D.

, 19 (Address) 1514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Astoria Cemty DATE OF BURIAL July 13 1926

20 UNDERTAKER Peter Williams ADDRESS 1515 Mt Pleasant

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12324

CERTIFICATE OF DEATH.

E 12324

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1317 Ashland Avenue St. 10-W Ward)

2-FULL NAME Edward G. Jones

(a) RESIDENCE NO. 1317 Ashland Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Color	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
August 28, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Coleman & Joyce

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Barnes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Elbert Jones

(Address) 1317 Ashland Avenue

15 Filed 19 C. HAMPSON JONES, M. D. Registrar.

JUL 13 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1926, to July 2, 1926, that I last saw him alive on July 2, 1926, and that death occurred, on the date stated above, at 7.10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Operated upon at Johns Hopkins

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) A. L. Hornstein, M. D.

July 13 1926 (Address) 733 Aisquith Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial July 13 1926

Easton Maryland

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

E 12325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 12325

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Central Ave ST. 5-2 WARD)

2-FULL NAME Mrs. Mary M. Hilgeman

(a) RESIDENCE No. 23 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed or divorced HUSBAND (or) WIFE: F. George Hilgeman

6 DATE OF BIRTH (month, day and year): June 28/1863

7 AGE: Years 63 — Months — Days 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeping work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: For self.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: John Heiss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known.

14 Informant: Fred J. Hilgeman

(Address) 23 N. Central Ave

15 Filed 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to July 10, 1926.

that I last saw h[illegible] alive on July 10, 1926

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine tests

(Signed) R. Richard Eppinger M. D.

, 19 (Address) 1514 Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 12 1926

20 UNDERTAKER: Sowers Heemann — ADDRESS: 1225 E Broad

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12326

CERTIFICATE OF DEATH.

90 E 12326

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2410 E Madison St. 13-5 Ward)

2-FULL NAME Laura DE Petris

(a) RESIDENCE NO. 2410 E Madison St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cardio DePetris.

6 DATE OF BIRTH (month, day, and year): Nov 1 1870

7 AGE — Years: 55, Months: 8, Days: 10, IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Italy

PARENTS

10 NAME OF FATHER: Frank DiTunno

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Frances Coyne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Jos N. DePetris

(Address): 2410 E Madison

15 Filed ....., 19 .....

E. [illegible] JONES, M. D.

Registrar

3 1326

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1926, to July 11, 1926, that I last saw h.. alive on July 11, 1926, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

General anasarca

— (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Gen. examination

(Signed) Louis N Gay, M. D.

, 19 (Address) 1014 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer. Date of Burial: July 14 1926

20 UNDERTAKER: E J Fanning ADDRESS: 1938 E. Lafayette

Cor.—1-12-23—M&T—100 Bks.

E 12327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In automobile in front of

CITY OF BALTIMORE: (No. 2103 Brookfield Ave. ST. 13-5 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude J. Kaufmann

(a) RESIDENCE NO 2103 Brookfield Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of David Kaufmann

DATE OF BIRTH (month, day, and year) June 19th. 1882.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	0	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ohio.

10 NAME OF FATHER Louis Jandorf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Solomon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. David Kaufmann

(Address) 2103 Brookfield Ave.

Filed 7-13 1926 HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11th. 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

7-13, 1926 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cheb Shalom Cemetery	7/ 13/ 1926
20 UNDERTAKER	ADDRESS
David Sondheim	118-20 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Lake Drive near Lakeview Ave.

12328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

58-08, E 12328

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 136 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Schneeberger

(a) RESIDENCE NO. Seville 9pts ST., 2E WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work X-Ray Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) 686

(c) Name of employer Hebrew Hosp.

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry W. Schneeberger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Sarah Neubaum

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York.

14 Informant Mr. Chas. Schneeberger
(Address) Seville Apts 2E.

15 Filed JUL 13 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-19, 1925, to 7-12, 1926,
that I last saw h[illegible] alive on 7-12, 1926,
and that death occurred, on the date stated above, at 11:20 p. m.
The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 2 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. Signs & Symp.

(Signed) Victor Delucy M. D.

19[illegible] (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	7/14/1926
20 UNDERTAKER	ADDRESS
Harry Sondheim	18-20 W. Mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓

E 12329
1-PLACE OF DEATH

REGISTERED NO. E 12329

City of BALTIMORE: (No. 828½ Calverton Rd St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Marguerite Duvall

(a) RESIDENCE NO. 828½ Calverton Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug. 3 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	11	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cake Packer. do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: National Biscuit Co.

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Levi Singleton Duvall

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Elsie Harms

13 BIRTHPLACE OF MOTHER (city or town): Hamburg

(State or country): Germany.

14 Informant: Augusta Abraham

(Address): 828½ Calverton Rd

C. HARRISON JONES, M. D.

Filed ..... 19 .....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 12 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 24 - 1926, to July 12 - 1926; that I last saw her alive on July 10 - 1926; and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

7-12-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D. W. Carmel — Date of Burial: July 15 1926

20 UNDERTAKER: Wm. Cook — ADDRESS: 562 North Ave.

Spec.—12-9-25—A Co.—200 Bks.

E 12330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Travers
57 Lombard & Fulton

REGISTERED NO. E 12330

1-PLACE OF DEATH

City of BALTIMORE: (No. 1812 Ramsey St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard A Chaney

(a) RESIDENCE NO. 1812 Ramsey St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Estella

6 DATE OF BIRTH (month, day, and year): 12-29-1882

7 AGE: Years 43 | Months 6 | Days 13 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: C&W Inspector

(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore

(c) Name of employer: Ohio R.R. Co

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Horace Chaney

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Durall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: E. B. Chaney

(Address): 1812 Ramsey Street

15 Filed ..... 19 .....

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July-12- 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 12, 1926, that I last saw him alive on July 11, 1926, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John E. Travers, M. D.

, 19 (Address) 500 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: July 14 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T.—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12331

CERTIFICATE OF DEATH.

129 E 12331

1-PLACE OF DEATH ~~Res~~ 610 E. 36th. St.,

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 9th WARD)

2-FULL NAME Mrs. Jane Anna Ireland

(a) RESIDENCE No. 610 E. 36th. St., ST., 9th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Ireland

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1840.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11 10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER M. T. Forsythe.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) England

14 Informant B. M. Forsythe
(Address) 610 E. 36th. Street

15 Filed 1-3-1926 G. HAMPSON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 6 .1926. to July 12 .1926.
that I last saw her alive on July 12 .1926.,
and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

5 mins.

CONTRIBUTORY (Secondary) { (duration) ..... yrs. ..... mos. Chr. Interstitial Nephritis
Chronic Myocarditis.
(duration) 3 yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Tests.

(Signed) William E. Cole, M. D.

7-12 1926. (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	July 15 1926

20 UNDERTAKER	ADDRESS
W. Cook	507 E. North Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12332

CERTIFICATE OF DEATH.

161-001

E 12332

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2213 E. Biddle St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Walters

(a) RESIDENCE NO. 2213 E. Biddle St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5½ ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Osborne H Walters

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Md

12 MAIDEN NAME OF MOTHER Clara M Lapeth

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Osborne H Walters

(Address) 2213 E Biddle St

15 Filed JUL 13 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1926 to July 12, 1926

that I last saw her alive on July 12, 1926,

and that death occurred, on the date stated above, at 12 45P m.

The CAUSE OF DEATH* was as follows:

Premature infant - 6½ months

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY _____
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Wm Heyward, M. D.

July, 1926 (Address) 720 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial July 13 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Baltimore

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12333 E 12333

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 14-W WARD)

2-FULL NAME Miss. Margaret. Richardson

(a) RESIDENCE NO. 1405 Eutaw. Place ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 14, 1882.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	44	6	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John H Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Persiam Sewall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant J. N Richardson
(Address) Greenhill Rd. Catonsville

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 12, 1926, that I last saw her alive on July 12th, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Left sided. Pneumo-thorax.
(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) ..... M. D.

7/12/19 26 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 14 1926

20 UNDERTAKER ..... — ADDRESS 502 E Madison

Spec.—12-9-25—A Co.—200 Bks.

E 12334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓ E 12334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1727 Henry St - St. 24-1 Ward)

2-FULL NAME Ethel Larcher Blanchenship

(a) RESIDENCE NO. 1727 Henry St - St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER George H.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.

12 MAIDEN NAME OF MOTHER Edith N. Parker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.

14 Informant Mr. George Blanchenship

(Address) 1427 Henry St -

Filed JUL 13 1926 C. HARRISON JONES, M.D. Registrar

Per L. K. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926 to July 12, 1926, that I last saw h— alive on July 12, 1926, and that death occurred, on the date stated above, at 1-35 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed) Jno. H. & K. Campbell, M. D.

12, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt. Olivet July 15 1926

20 UNDERTAKER — ADDRESS

Wm Cook 502 E. Balto

Spec.—12-9-25—A Co.—200 Bks.

E 12335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 12335

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 Walnut Ave. Ward 27-11)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Karl Georg Wassman

(a) RESIDENCE NO. 509 Walnut St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1905 April 25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Union Bra.

(c) Name of employer Milton Bradley

9 BIRTHPLACE (city or town)

(State or country) Bal'o Md.

PARENTS

10 NAME OF FATHER Charles O Wassman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington D C.

12 MAIDEN NAME OF MOTHER Catherine Strieb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto, Md

14 Informant Mrs. K. G. Wassman

(Address) 509 Walnut Ave

15 Filed JUL 13 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 10, 1926

that I last saw h[illegible] alive on July 10, 1926

and that death occurred, on the date stated above, at 9.15 P.M.

The CAUSE OF DEATH* was as follows:

x Pneumonia

ovr

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. T. Zimmerman M. D.

7/11/1926 (Address) 2858 Hayford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial July 13 '26

20 UNDERTAKER Louis C. Miller & Son ADDRESS 2334 Gilmor

No 3290 07-27

Spec.—12-9-25—A Co.—200 Bks.

1926 12836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12336 ed

113

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 26-7 Ward)

2-FULL NAME Dorothy Carson

(a) RESIDENCE NO. 80th St Colgate St. Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years | Months: 7 mos. | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md —

(State or country)

PARENTS

10 NAME OF FATHER: Charles P Carson

11 BIRTHPLACE OF FATHER (city or town): Md —

(State or country)

12 MAIDEN NAME OF MOTHER: Louise Mauk

13 BIRTHPLACE OF MOTHER (city or town): Md —

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 13 1926, 19 C. HARVEY BOAS, M. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 1926

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to July 11, 1926

that I last saw her alive on July 11, 1926

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Entero Intestinal Indigestion

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thomas R Cromwell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dale Lawn Cem — Date of Burial: July 14 1926

20 UNDERTAKER: D. Lilly & Zeiler — ADDRESS: 403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12337 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12337

CERTIFICATE OF DEATH. 154-002

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 So Seventh St., No 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elloise Prietz

(a) Residence No. 428 So Seventh St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of no

6-DATE OF BIRTH (month, day and year) 1926 July 11.

7-AGE. X yrs. X mos. X ds. If LESS than 1 day, 2 hrs. or X min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. (State or Country). Md

PARENTS.

10-NAME OF FATHER. Herman Prietz

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elloise Kleckner.

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country) Md

14- (Informant) Kate Kleckner

(Address) 428 So Seventh St

15- Filed JUL 13 1926 19 C. HAMPSON JONES, M. D. Registrar.

By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 12-26

17- I HEREBY CERTIFY, That I attended deceased from July 11 19 26 to July 11 19 26

that I last saw h.e alive on July 11 19 26

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Congent Malformation Heart

(Duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Born Seventh mos., (Duration) X yrs. 1 mos. 1 ds.

18-Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of No

Was there an autopsy? Yes

What test confirmed diagnosis? same

(Signed) Jas L. Truax M. D.

July 12 19 26 (Address) Eastern Ave W.P. Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Trinity Cem. DATE OF BURIAL. July 13th 19 26

20-UNDERTAKER. Lilly & Fuller ADDRESS 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

E 12338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12338

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 735 N. Chester St. St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Dreßler.

(a) RESIDENCE NO. 735 N. Chester St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dreßler.

6 DATE OF BIRTH (month, day, and year) Jan. 15-1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John G. Medinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Ries

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Charles. Dreßler

(Address) 735 N. Chester St.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 - 26 19

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926 to July 10, 19 26, that I last saw h... alive on ....., 19.....; and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Valvular heart disease

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Kern Greenwood, M. D.

July 10 1926 (Address) 2101 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial July 15 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12339

CERTIFICATE OF DEATH.

38 E 12339

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1030 Vine St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl McDonald #1 Twin

(a) Residence No. 1030 Vine Street

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word): Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): 7-10-26

7-AGE: ....yrs....mos....ds.

If LESS than 1 day, 1 hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Oscar Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Maybelle McDonald

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant): Oscar Williams

(Address): 1030 Vine St.

15- Filed JUL 3 1926 C. HAMILTON JONES, M. D. Registrar.

For

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 7-10-26

17- I HEREBY CERTIFY, That I attended deceased from 7-10 1926 to 7-10 1926

that I last saw her alive on 7-10 1926

and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity cause Lues

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Congenital atelectasis

(Duration) yrs. mos. 1 hr

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eva F. Dodge M. D

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Pinkney July 5th 1926

20-UNDERTAKER: Farmer & Dwyer ADDRESS 1314 Mary St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12340 HEALTH DEPARTMENT—CITY OF BALTIMORE.

38 E 12340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1030 Vine St., 18 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Girl McDonald 2nd Twin

(a) Residence No. 1030 Vine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced, (Write the word) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) 7-10-26

7-AGE. ....yrs....mos....ds. If LESS than 1 day, 1 hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Oscar Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER, Maybelle McDonald

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Oscar Williams

(Address) 1030 Vine St

15- Filed JUL 13 1926 19? C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 7-10-26

17- I HEREBY CERTIFY, That I attended deceased from 7-10-26, 19.. to 7-10-26 19..

that I last saw h.. alive on 7-10-26

and that death occurred, on the date stated above, at 8 49 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity due to Twin

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(Duration) ....yrs. ....mos. 1 hr.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw F. Dunday M. D

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion July 13 19 26

UNDERTAKER Hammond & Wright ADDRESS 864 Mass

Spec.—1-10-21—M&T—1500 Bks.

E 12341 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12341

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548-N-Fulton St. 20-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Tilyard Leber

(a) RESIDENCE NO. 548-N-Fulton St., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? 88 yrs. 9 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob St. Leber

6 DATE OF BIRTH (month, day, and year) Oct-9-1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry H. Tilyard

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Garrett

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Miss Lilly T. Leber (daughter)
(Address) 1017-Harlem Ave.

15 JUL 13 1926 HAMPSON JONES, Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 12, 1926, that I last saw h[illegible] alive on July 11, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Paraplegia (Left side)

(duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ✓ yrs. ✓ mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods

(Signed) Geo L Shannon, M. D.

7-12-1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery | DATE OF BURIAL July 14 1926

20 UNDERTAKER Stewart Mortuary Co. | ADDRESS 108 W Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12342

CERTIFICATE OF DEATH.

161-006 E 12342

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 26-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Kalandros.

(a) RESIDENCE NO. 3728 Claremont Ave. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days: 5 mos. 3 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Steve Kalandros

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed: JUL 13 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1926, to July 4th, 1926, that I last saw h[illegible] alive on July 4th, 1926, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3728 Claremont Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical methods

(Signed) Franklin R. Smith, Jr., M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER: JOHNS HOPKINS HOSPITAL

ADDRESS

12343

Dr Riley — Emerson Hotel 8 1016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12343
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

F 12343
Registered No. C.....

City of BALTIMORE: (No. Hotel Emerson 4-3 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Eli E. Heller

(Residence in Baltimore: No. Hotel Emerson St.; yrs. 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Sept 30 (Month) (Day) 852 (Year)

7-AGE: 73 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wholesale
(b) General nature of industry, business, or establishment in which employed (or employer): Druggist

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Wm H. Heller

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Rosa Reese

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Herman

(Address) 179 W Main St Barnesville Va

15-Filed JUL 13 1926 C. HAMPSON JONES, M. D. Registrar.

RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Died Suddenly

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

July 13 (13) 1927 (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Balto Hebrew — DATE OF BURIAL: July 14 1926

20-UNDERTAKER: William Cook — ADDRESS: 502 E North

Spec.—1-12-23—M&T—500 Bks.

E 12344 HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 12344

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3420. Ash Street.

CITY OF BALTIMORE: (No. 3420 Ash Street. St., 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel I. Slimmer

(a) RESIDENCE No. 3420 Ash Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

6a If married, widowed, or divorced HUSBAND of or) WIFE of Carrie L. Slimmer

6 DATE OF BIRTH (month, day, and year) May 10/1872.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	2	2	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore city. (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Katie Jackson

(Address) 3420 Ash Street.

15 Filed JUL 13 1926 19 C. HAMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12/1926.

17 I HEREBY CERTIFY, That I attended deceased from July 11th. 1926. to July 12th 1926.

that I last saw h i alive on July 12th. 1926.

and that death occurred, on the date stated above, at 9-45. Am.

The CAUSE OF DEATH* was as follows:

Acute uremia nephritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Dy. Pyelitis Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

(Signed) P. G. Fitzhugh, M. D.

7/13 1926 (Address) 1127 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys cem. Hampden

DATE OF BURIAL July. 14 1926

20 UNDERTAKER Walter Davis. 3307 Paine Street.

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 12345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12345

CERTIFICATE OF DEATH.

38

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. B-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Robinson

(a) RESIDENCE NO. 13- S. Dallas St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored.	M-

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Tennessee (State or country)

PARENTS

10 NAME OF FATHER Lough Robinson

11 BIRTHPLACE OF FATHER (city or town) Tennessee (State or country)

12 MAIDEN NAME OF MOTHER Ella Robinson

13 BIRTHPLACE OF MOTHER (city or town) Tennessee (State or country)

14 Informant

(Address)

15 Filed JUL 13 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July. 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from May. 5. 1926. to July 9. 1926.

that I last saw h alive on 1926

and that death occurred, on the date stated above, at 8 20 a m.

The CAUSE OF DEATH* was as follows:

Subacute Cholecystitis
Luetic Hepatitis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of May. 15. 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND JUL 13 1926

Spec. 1-10-21 M&T 1500 Bks.

D 12396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12346

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Allison

(a) RESIDENCE NO. Baltimore City Hosp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Orleans (State or country) La.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Louisiana

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant City Hospital Records (Address)

15 Filed JUL 13 1926, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 10, 1926, that I last saw h. alive on July 5, 1926, and that death occurred, on the date stated above, at 5-30 Am.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) R. Harper Smith M. D.

July 10 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUL 13 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12347

CERTIFICATE OF DEATH.

101-001

E 12347

Registered No.....

1-PLACE OF DEATH 838 Edmondson Ave.

City of BALTIMORE: (No. Isaac St. 173 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Isaac Brown

(a) Residence No. 838 Edmondson Av. Ward.....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3-23-85

7-AGE, 41 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0410

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto.

PARENTS.

10-NAME OF FATHER Isaac Brown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Brown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14-(Informant) Minnie Nall

(Address) 838 Edmondson Ave

15-Filed JUL 13 1926 192.. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-12-26

17- I HEREBY CERTIFY, That I attended deceased from 7-9-, 1926, to 7-12, 1926, that I last saw h[illegible] alive on 7-12, 1926, and that death occurred, on the date stated above, at 4:15 p m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. L. Jackson, M. D.

7-13, 1926 (Address) 809 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cem DATE OF BURIAL: July 14/1926

20-UNDERTAKER: Daniel Carson Payne ADDRESS 916

Cor.—12-9-25—A Co.—200 Bks.

E 12348

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 12348

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1016 Hillock St. 16-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Young

(a) RESIDENCE NO. 1016 Hillock St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary ~~Young~~

6 DATE OF BIRTH (month, day, and year) about 1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) "General"

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Wm Young

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary White

13 BIRTHPLACE OF MOTHER (city or town) N. C.

(State or country)

14 Informant Mary White

(Address) 1016 Hillock St

C. HAMPSON JONES, M. D.

15 Filed 19

12 1925

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.

(Coroner)

19 26 (Address) 1702 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial July 13/926

20 UNDERTAKER Daniel Easton ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

E 12349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12349

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 11-V WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Burrell

(a) RESIDENCE NO. 229 W Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854 - 61

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Given 72 Given 65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 010

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant City Hospital Records
(Address)

15 Filed [illegible], 19 [illegible] HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to July 11, 1926.
that I last saw her alive on July 10, 1926,
and that death occurred, on the date stated above, at 12 15 Am.

The CAUSE OF DEATH* was as follows:
Arterial Sclerosis, Hypertension
Residual Hemiplegia right
Chronic Myocarditis
(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

July 11 1926 (Address) [illegible] CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W W Laurence Bur	July 13/26
20 UNDERTAKER Daniel Easton	ADDRESS 516 Eaton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12350

CERTIFICATE OF DEATH.

1664 E 12350

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2938 St. Paul Street St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert D. Cohn

(Residence in Baltimore: No. 2938 St. Paul Street St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1873 (Year)

7-AGE. 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Little Rock Arkansas

PARENTS.

10-NAME OF FATHER. Mark M. Cohn

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknwon

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Ira P. Middleton
(Address) c/o Stewart & Company Howard & Lexington Sts.

15- Filed JUL 13 1926 HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 13 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to death as stated above.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

July 13 1926 (Address) 3632 Roland Avenue

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Little Rock Arkansas DATE OF BURIAL. July 13 1926

20-UNDERTAKER. Jos. B. Cook ADDRESS 1031 Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 12351

CERTIFICATE OF DEATH.

X 59 E 12351

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin S - Schrader

(a) RESIDENCE NO. Jeannette Pa — St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Della Keefer

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa —

(State or country)

PARENTS

10 NAME OF FATHER Henry Schrader

11 BIRTHPLACE OF FATHER (city or town) Pa —

(State or country)

12 MAIDEN NAME OF MOTHER Isabel Stemler

13 BIRTHPLACE OF MOTHER (city or town) Pa —

(State or country)

14 Informant (Address) Telegraph JOHNS HOPKINS HOSPITAL

Filed JUL 13 1926 19____ A____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July 8 1926, to July 13, 1926

that I last saw him alive on July 13, 1926

and that death occurred, on the date stated above, at 4 05 P.M.

The CAUSE OF DEATH* was as follows:

(a) Tumor of Hypophysis.

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Jeannette Pa

Did an operation precede death? Yes Date of July 13, 1926.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. E. Jones, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jeannette Penna Date of Burial July 13 1926

20 UNDERTAKER John O. Mitchell ADDRESS 2214 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12352 E 12352

CERTIFICATE OF DEATH.

194

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Sarahann ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Cole.

(a) RESIDENCE NO. 1008 Sarahann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie Cole

6 DATE OF BIRTH (month, day, and year) March 21, 1887.

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or min.
39	3	19.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic, 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Edward Satchel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Grace Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Grace Milbrey.

(Address) 1117 W. Lexington St

15 Filed 3 1926, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-30, 1926, to 7-10, 1926.

that I last saw her alive on 7-10, 1926,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Secondary anemia due to

Neoplasm of uterus

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Heat exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none.

(Signed) H. Marco Williams M. D.

7-11, 1926 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemtry

DATE OF BURIAL July 14 1926

20 UNDERTAKER Mrs Jas. H. Dennis

ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

E 12353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 75-2 W.R. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Harriet Phillips

(a) RESIDENCE NO. W. Annapolis, Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Phillips

6 DATE OF BIRTH (month, day, and year): Aug 26-1896

7 AGE: Years 31 Months 10 Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Albert L. Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nellie Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: James Phillips (Address) W Annapolis Md

15 Filed 7-14 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-28 .1926. to 7-13 .1926.,

that I last saw her alive on 7-13 .1926.,

and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH was as follows:

acute Nephritis (Eclampsia)

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj. O. McCreary, M. D.

7/13. 1926 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 16 1926

UNDERTAKER: Wm. J. Tuckwell Sons — ADDRESS: N.Y Pa

Spec.—1-10-21—M&T—1500 Bks.

E 12354 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Carrollton Ave. STREET) (WARD) 49

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida E Robinson

(a) RESIDENCE NO. 604 N Carrollton Ave STREET WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Byers Weston Robinson

6 DATE OF BIRTH (month, day, and year) Aug 23-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....—

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Addison Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabella Stansbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Stewart Robinson
(Address) 604 N Carrollton Ave

15 Filed LT 4 1926 C. HAMPSON JONES, M. D. Registrar
By E H G

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13-1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1925 to July 13-1926
that I last saw her alive on July 12-1926
and that death occurred, on the date stated above, at 1045 a m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Bladder

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Cystoscope

(Signed) V. Van Williams M. D.

19 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL July 15 1926

20 UNDERTAKER J. J. Dickson & Son — ADDRESS Balto

Spec.—1-10-21 M&T 1500 Blks.

E 12355

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 12355

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Damul Jones

(a) RESIDENCE NO. 1022 Stockton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1918 - Aug 1-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7 8	11	10 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrence Jones

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant City Hospital Records
(Address)

15 Filed JUL 14 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1926, to July 10, 1926, that I last saw h[illegible] alive on July 10, 1926, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilitic Meningitis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & laboratory

(Signed) P. Hooper Smith, M. D.

July 11 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem. DATE OF BURIAL July 14-26

UNDERTAKER Samuel Bradley ADDRESS 578 Belle

Spec.—1-10-21—M&T—1500 Blks.

E 12356 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12356

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Wilson Terrace ST., 27-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Jones

(a) RESIDENCE NO. 422 Wilson Terrace WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Jones

6 DATE OF BIRTH (month, day, and year) August 25 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lebenmanteen

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles County Md.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Mary Jones
(Address) 422 Wilson Terrace

15 Filed JAN 4 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to July 12, 1926, that I last saw h— alive on July 11, 1926, and that death occurred, on the date stated above at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) W. L. Berry, M. D.

, 19 (Address) 1570 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn DATE OF BURIAL July 14, 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 12357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12357

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. ST., 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mills Roscoe

(a) RESIDENCE NO. 1701 W. Franklin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Roscoe

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	49	11	24 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preacher

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Gatesville, N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant West Balt. Gen. Records (Address)

15 Filed 1 4 1926 19 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 10, 1926, that I last saw him alive on July 10, 1926, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Primary carcinoma of neck

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? Yes -

What test confirmed diagnosis? Clin. Lab. & autopsy

(Signed) Oswald H. Jensen, M. D.

7/11, 19 26 Address W. Balt. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL July 13 19 26

20 UNDERTAKER J. Wagner & Bro ADDRESS 1460 N. Carey

Spec.—1-12-23—M&T—500 Bks.

E 12358 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12358

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital 186

CITY OF BALTIMORE: (No. Lombard & Greene ST. 27-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin J. Davis

(a) RESIDENCE NO. Glenzyle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Ethel D. Davis

6 DATE OF BIRTH (month, day, and year) June 23, 1870

7 AGE: Years 56 | Months — | Days 20 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James E Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Cose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Ethel D. Davis
(Address) Glenzyle Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 13, 1926, that I last saw him alive on July 13, 1926 and that death occurred, on the date stated above, at 9:35 m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1/2 ds.

18 Where was disease contracted if not at place of death? (Typhoid Appendicitis)

Did an operation precede death? Yes Date of July 13, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R. S. Anderson, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: JUL 15 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: [illegible] MADISON AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 12359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12359

CERTIFICATE OF DEATH.

× 135

1-PLACE OF DEATH Colonial Hosp.

CITY OF BALTIMORE: (No. 1122 N. Mount ST. 16-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Miller F. Blades

(a) RESIDENCE No Pocomoke City, Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) [redacted]

7 AGE — Years: 74 — Months: ..... — Days: ..... — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Pocomoke City

PARENTS

10 NAME OF FATHER: W. L. Blades.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pocomoke, Md.

12 MAIDEN NAME OF MOTHER: Emmert Pilchard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Wm. H. Blades Pocomoke City Md

15 Filed JUL 14 1926, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 13, 1926, that I last saw him alive on July 13, 1926, and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure - following a Suprapubic Prostatectomy

..... (duration) — yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of July 12, 1926

Was there an autopsy? no.

What test confirmed diagnosis? .....

(Signed) J. M. Polce, M. D.

, 19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pocomoke City Md

DATE OF BURIAL: JUL 14 1926, 19

20 UNDERTAKER: Geo W Little

ADDRESS: 1708 EDMONDSON AVE.

Spec.—12-9-25—A Co.—200 Bks.

E 12360 HEALTH DEPARTMENT—CITY OF BALTIMORE 122-002 E 12360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2641 Edmondson Ave St. 20-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lange

(a) RESIDENCE NO. 2641 Edmondson Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Lange.

6 DATE OF BIRTH (month, day, and year): Aug 2 1853

7 AGE — Years: 72 — Months: 11 — Days: 11 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar maker.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: On business for himself.

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Rudolph Lange

11 BIRTHPLACE OF FATHER (city or town): ?

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Renz.

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country): Germany.

14 Informant: Andrew Hlavin.

(Address): 3703 Hunt Rd.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13-1926.

17

I HEREBY CERTIFY, That I attended deceased from May 22 - 1926, to July 13 - 1926; that I last saw him alive on July 13 + 1926; and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver.

(duration) unknown yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Chester Riland., M. D.

7-13, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial JUL 16 1926 19

20 UNDERTAKER: Geo W Little ADDRESS 2700 EDMONDSON AVE

JUL 14 1926 C. HOWARD JONES

For H Ahn

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12361 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12361

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 858 Vine St. St., 18-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Taylor

(a) Residence No. 858 Vine St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) 7-13-26

7-AGE.	If LESS than 1 day,
....yrs....mos....ds.	1 hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Wm Stanly Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Victoria Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant)

(Address)

JUL 14 1926 C. HAMPSON JONES, M.D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-13-26

17- I HEREBY CERTIFY, That I attended deceased from 7-13- 1926 to 7-13- 1926

that I last saw him alive on 7-13- 1926

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Prematurity Cause Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(Duration) yrs. mos. 1 h ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eva F. Dodge, M. D

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt - Zion Cemetery	July 14, 1926
20-UNDERTAKER,	ADDRESS
Mrs. Katie R. Williams	322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 12362 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12362

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 W Lee (St.) 22-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arvie W Creighton

(a) RESIDENCE NO. 4 W Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leila Creighton

6 DATE OF BIRTH (month, day, and year) Oct 4 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retire Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER Robert F Creighton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Henritta Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Leila Creighton (Address) 4 W Lee st

15 File JUL 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY That I attended deceased from May 10, 1926, to July 11, 1926, that I last saw him alive on July 11 1926, and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of stomach.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Edw. Smith M. D.

7/13 1926 (Address) 910 Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 15 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Eager St

Spec.—1-10-21 M&T 1500 Bks.

E 12363 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12363

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 3-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Thompson

(a) RESIDENCE No. 817 East Pratt ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Alfred Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Ann —?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant City Hospital Records
(Address)

15 Filed JUL 14 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to July 12, 1926,
that I last saw him alive on July 12, 1926,
and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Chronic Myocarditis
Pulmonary Infarction ?
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) ..... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith, M. D.

July 13 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease ~~Causing Death, or in deaths from~~ Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 7/14 1926

20 UNDERTAKER J. J. Foley Sons — ADDRESS 1316 Eight St

Cor.—12-9-25—A Co.—200 Bks.

E 12364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12364

188-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1004 Warwick St., 16-4 Ward)

2-FULL NAME Rose A Rohmer

(a) RESIDENCE NO. 1004 Warwick St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J Rohmer

6 DATE OF BIRTH (month, day, and year) Nov 15-1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. Gaulfoy

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Gaulfoy

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Frank J. Rohmer

(Address) 1004 Warwick

15 Filed OCT 14 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 12, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, autopsy or inquiry) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary) Automobile accident

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

7/14/1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Date of Burial July 15 1926

20 UNDERTAKER W M Cook ADDRESS 3012 Eastern Ave

Spec. 12-3-3-A-1-E.B.R.S.—400 Blks.

E 12365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12365

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1939 Jefferson St. 20-5 St. Ward)

Registered No.

2-FULL NAME Adolph Ludwig Ruf (RUF)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1939 Jefferson St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Ruf

6-DATE OF BIRTH (month, day and year): 1838

7-AGE: 88 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Austria

PARENTS.

10-NAME OF FATHER: Joseph Ruf

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Austria

14-

(Informant): Mrs Conaway

(Address): 1939 Jefferson St

15-

Filed JUL 14 1926 By C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 13/26

17- I HEREBY CERTIFY, That I attended deceased from July 11, 1926, to July 13, 1926, that I last saw h[illegible] alive on July 13, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

General arterio-sclerosis

(Duration) mos. ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank T. Ayd, M. D.

July 13 1926 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: July 15 1926

20-UNDERTAKER: J. M. Cook

ADDRESS: 502 E Northwood

Cor.—12-9-25—A Co.—200 Bks.

E 12366 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 12366

CERTIFICATE OF DEATH. × 197

REGISTERED NO.

1-PLACE OF DEATH Colonial Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 1122 N. Mount St. St. 16-6 Ward)

2-FULL NAME Thomas J. Dillon

(a) RESIDENCE NO. Maiden Choice La. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 10 mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Beatrice Dillon

6 DATE OF BIRTH (month, day, and year): Sept. 13th 1884

7 AGE: Years 41 | Months 10 | Days 29 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Police Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Edward J. Dillon Sr.

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Marguerite Johnson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Edward J. Dillon Jr.

(Address): 614 Eutaw P.S.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

Per

JUL 14 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound

severing Spinal cord

(duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Pistol shot wound inflicted from the hands of a person unknown.

(duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D. (Coroner)

July 13, 1926 (Address) 2802 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: July 15th 1926

20 UNDERTAKER: Patrick A. Kennon ADDRESS: 3757 Keswick

Spec.—12321—A Co.—200 Bks. 1394.

1E 12367. HEALTH DEPARTMENT—CITY OF BALTIMORE E 12367.

CERTIFICATE OF DEATH. 58-002

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 12-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Green

(a) RESIDENCE NO. 428 E. 23rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Lucie Edwards

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed JUL 14 1926 C. HAMPSON JONES, M.D. Registrar

By Hawes

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1926, to July 12th, 1926, that I last saw h.. alive on July 12th, 1926, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Bantis disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Operative Hemorrhage and Shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? yes Date of July 12, 1926

Was there an autopsy? yes

What test confirmed diagnosis? Microscopical Examination

(Signed) Warfield M. Firor M. D.

, 19 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg, Va. Date of Burial 7/14/26

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 12368 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12368

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Gen Hosp (St.) 28-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Catherine Smith

(a) RESIDENCE NO. Lombard & Red St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Smith

6 DATE OF BIRTH (month, day, and year): Aug 15 1877

7 AGE: Years 48 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsw

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jno Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Lumsden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Catherine Smith

(Address): ake

15 Date: JUL 14 19 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/13/26

17 I HEREBY CERTIFY, That I attended deceased from 6/17/26, 19 to 7/13/26, 19, that I last saw h[illegible] alive on 7/13/26, 19, and that death occurred, on the date stated above, at 2 20 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus, Cellulitis of Lower Extr, Foot Lt.

Diabetes about 2 Yrs Cellulitis 11 wks

CONTRIBUTORY (Secondary) Toxemia, Gangrene (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home 6/7/26

Did an operation precede death? No Date of 6/18/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson Jones, M. D.

, 19 (Address) Mt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 7-16 19 28

20 UNDERTAKER: H C Bowling Son

ADDRESS 617 N Schroeder St

Spec.—1-10-21 M&T 1500 Bks.

E 12369 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12369

CERTIFICATE OF DEATH.

122

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 6 Somerset Road St., 7-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Persia Johnson Staub

(a) RESIDENCE No. 6 Somerset Road, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Staub

6 DATE OF BIRTH (month, day, and year) Sept 23-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	42	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Joseph J. Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Annie Webb

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Wm H Staub

(Address) 6 Somerset Road

15 Filed C. HAMPSON JONES, M. D. Registrar

LT 4 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to July 13th, 1926, that I last saw her alive on July 12th, 1926, and that death occurred, on the date stated above, at 11.35 A.m.

The CAUSE OF DEATH* was as follows:

*Hypertrophic Cirrhosis of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cholaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm T. Lee Howard M. D.

, 19 (Address) 2 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL July 15 1926

20 UNDERTAKER Henry W Jenkins Sons Co — ADDRESS McCulloh & Orchard Sts

Special Delivery—1500 Bks.

E 12370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12370

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 667 N. Fairmount Ave ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Bull.

(a) RESIDENCE NO. 667 N. Fairmount Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Bull

6 DATE OF BIRTH (month, day, and year): Dec 6 - 1885

7 AGE: 41 Years (40) | Months: 7 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: wife Home

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: .....

037

9 BIRTHPLACE (city or town) (State or country): Nate City.

PARENTS

10 NAME OF FATHER: James More

11 BIRTHPLACE OF FATHER (city or town) (State or country): M.D.

12 MAIDEN NAME OF MOTHER: Annie McDollar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Howard more

(Address): 16 N pin Street

15 Filed JUL 14 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-7-26, 19..., to 7-11-26, 19...,

that I last saw h Ev alive on ..., 19...

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bright's Disease

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary): dont know

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) T. McCandless, M. D.

7-12-26 (Address) 624 S. Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 14 1926

20 UNDERTAKER: Leonard Wharton & Myrtle

ADDRESS: .....

Cor.—12-9-25—A Co.—200 Bks.

E 12371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12371

CERTIFICATE OF DEATH.

74-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 879 Richmond St, St., 11-2 Ward)

2-FULL NAME Samuel Mowatt

(a) RESIDENCE NO. 879 Richmond St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colord

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie Mowatt

6 DATE OF BIRTH (month, day, and year): about 1886

7 AGE: Years 40; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Jamaica

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Alabama

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mattie Mowatt

(Address) 879 Richmond St

JUL 14 1926 C. HAMPSON JONES, M.D.

Filed Registrar

Per Assistant

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other diseases

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

July 12, 1926 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn July 14 1926

20 UNDERTAKER Leonard Whalen Sons

ADDRESS Maryland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12372

CERTIFICATE OF DEATH.

129 E 12372

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Mc Henrin ave ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily E. Murdock

(a) RESIDENCE NO. 713 Mc Henrin ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced (or) WIFE of James H. Murdock

6 DATE OF BIRTH (month, day, and year) Nov 21, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	22	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work House-work

(b) General nature of Industry, business, or establishment in which employed (or employer) Self -

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John H. Nice

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland -

12 MAIDEN NAME OF MOTHER Mary Carr

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Geo. F. Nice
(Address) 614 Appleton W

15 Filed July 14 1926 H. C. HAMPTON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to July 13, 1926, that I last saw her alive on July 13, 1926 and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Arterio-Sclerosis -
(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed djagnosis? Clinical -

(Signed) John A. Fenby, M. D.

7/13, 1926 (Address) 405 N. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL July 16 1926

20 UNDERTAKER Joseph Sylvester

ADDRESS 1000 Eutaw Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12373

CERTIFICATE OF DEATH.

38 E 12373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 907 Arlington Ave St. 16-6 Ward)

2-FULL NAME John Richard

(a) RESIDENCE NO. 907 Arlington Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Richard.

6 DATE OF BIRTH (month, day, and year): March 2, 1881

7 AGE: Years 45 Months 4 Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture Mover

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: Monumental Stor.

9 BIRTHPLACE (city or town)

(State or country): N. C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Hattie Richard

(Address) 907 Arlington Ave.

15 Filed 7-14 1926 C. HAMPSON JONES, M. D. Registrar RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) (autopsy) D.T.K. thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of aortic Aneurism

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. H. Hemsley M. D. (Coroner)

7/13 1926 (Address) 2802 Sandusky

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: July 15, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

Spec.—1-10-21—M&T—1500 Bks.

E 12374

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 12374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 W Franklin ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Sullivan

(a) RESIDENCE NO. 1874 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Catherine Egan Sullivan

6 DATE OF BIRTH (month, day, and year) June 10 1862

7 AGE: Years 64 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER Denis Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary Breslan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Daniel E. Sullivan

(Address): 1824 W. Franklin

15 FILED 4 1926 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 9th, 19 26 to July 17 19 26

that I last saw ~~him~~ alive on July 17 19 26

and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

Arteriosclerosis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia and Myocardial failure (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Gerald Stowell M. D.

19 (Address) Catonsville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 7/14 1926

20 UNDERTAKER: Thos A. Foley Sons

ADDRESS: Seattle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12375

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31

E 12375

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST.) (18-W WARD)

2-FULL NAME Percy R. De Mineo

(a) RESIDENCE NO. 837 Unio ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. DeMineo

6 DATE OF BIRTH (month, day, and year) Aug. 12-1891

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
34	35	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk 004

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco

(c) Name of employer Colson Co.

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Alexander DeMineo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mattie Saumtary

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mary C. DeMineo

(Address) 822 Hilton Street

Filed JUL 14 1926 P.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to July 12, 1926.

that I last saw him alive on July 12, 1926

and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) General Tuberculosis (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frances T. Ellis, M. D.

, 19 (Address) U.M.H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

20 UNDERTAKER Mo. M. Johnson

DATE OF BURIAL July 17, 1926

ADDRESS 1734 Ellin St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12376

CERTIFICATE OF DEATH.

E 12376

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 Celthea Ave St. 27-12 Ward)

2-FULL NAME Catherine Peter

(a) RESIDENCE NO. 13 Celthea Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 30 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Peter

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Cohenia

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Cohenia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Cohenia

14 Informant: Catarina Sutter

(Address) 13 Celthea Ave

15 Filed JUL 14 1926 HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from June 10 1926, to July 13 1926

that I last saw h... alive on _____, 19...,

and that death occurred, on the date stated above, at 1030 a.m.

The CAUSE OF DEATH* was as follows:

Senility

Carcinoma Cervix

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wells M. D.

, 19 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial July 15 1926

20 UNDERTAKER: Frank Brockman ADDRESS 1906 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12377

CERTIFICATE OF DEATH.

90 E 12377

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 412 N Bradford St. 6-3 Ward)

2-FULL NAME Vaclav Cech

(a) RESIDENCE NO. 412 N. Bradford St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 50 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace Cech

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: Years 94 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: 0

9 BIRTHPLACE (city or town) _____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Vojtech Cech

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Bohemia

14 Informant Joseph Cech

(Address) 412 N Bradford

15 Filed JUL 14 1926, 19____ HAMPSON JONES, CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 10, 19 26, to July 13, 19 26, that I last saw h.. alive on July 10, 19 26, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Chronic tubercular heart disease

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jos Guarnieri, M. D.

July 1926 (Address) 3701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial July 16 1926

20 UNDERTAKER: Francis Cook Son ADDRESS 1406 Gold

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12378

CERTIFICATE OF DEATH.

14-001

E 12378

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 N. Castle ST. 8-1 WARD)

2-FULL NAME Sarah E. Penn

(a) RESIDENCE NO. 1902 N. Castle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Penn

6 DATE OF BIRTH (month, day, and year) Feb 28-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Richmond VA.

PARENTS

10 NAME OF FATHER John Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond VA

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond VA

14 Informant Frederick Penn
(Address) 1902 N Castle St

15 Filed JUL 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-13-1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1924, to July 13, 1926.

that I last saw her alive on June 25, 1926.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Stroke

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jas L. Stropes, M. D.

7-14-1926 (Address) 862 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Crm	7-15 1926
20 UNDERTAKER: Robert Brooks & Son	ADDRESS: Calhoun Hollins st.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12379

CERTIFICATE OF DEATH.

12/9 E 12379

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 802 E. 22 St. 9-4 WARD)

2-FULL NAME Anna. M. Schmidt

(a) RESIDENCE NO. 802 E. 22 ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julius Schmidt

6 DATE OF BIRTH (month, day, and year): Dec 7-1834

7 AGE: Years 91 92 | Months 7 | Days 6 7 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Switzerland

PARENTS

10 NAME OF FATHER: Leon Zwicki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Sarah Coombs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Switzerland

14 Informant (Address): Mr. Walter Schmidt 802 E 22 St

15 Filed 1 4 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12th, 1926, to July 13th, 1926, that I last saw her alive on June 12th, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination Urinary Analysis

(Signed) P. E. Lilly, M. D.

(Address) 811 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery | DATE OF BURIAL: July 15 1926

20 UNDERTAKER: A. S. Marshall | ADDRESS: 3539 Fall Road

Spec.—1-10-21—M&T—1500 Bks.

E 12380 ✓ E 12380

E. 12380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12380

CERTIFICATE OF DEATH.

E 12380

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1032 Patapsco ST. 23-2 WARD)

2-FULL NAME Wm Mathews Anderson

(a) RESIDENCE NO. 1032 Patapsco St., WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER W. Kirby M. Anderson

11 BIRTHPLACE OF FATHER (city or town) Martinsburg (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Catharine Anderson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Kirby M. Anderson (Address) 1032 Patapsco St

15 Filed 7-14-1926 C. HAMPSON JONES, M. D. By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 26

17 I HEREBY CERTIFY, That I attended deceased from July 9 26, 19 ..., to July 14 26, 19 ..., that I last saw h— alive on July 14 26, 19 ..., and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. B. Moll, M. D.

(Address) 1203 Lyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 15 1926

20 UNDERTAKER John O. Medairy — ADDRESS 1201 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 12381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12381

CERTIFICATE OF DEATH.

178 E 12381

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3315 Westerwald Ave 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Whyrock

(a) RESIDENCE No 3315 Westerwald Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Whyrock

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) .....

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) .....

14 Informant Marguerite W. Reuver

(Address) 3313 Westerwald Ave

Filed ..... 1926 ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to July 13, 1926, that I last saw him alive on July 13, 1926 and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Death due to Cerebro Syphilis

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Anemia, Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Anthony Lentano, M. D.

July 7, 1926 (Address) 824 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL July 15 1926

20 UNDERTAKER John O. Mitchell ADDRESS 2[illegible] W. Fayette

Spec.—12-9-25—A Co.—200 Bks.

E 12382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 12382

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 Edgewood Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Emma Gardner

(a) RESIDENCE NO. 2008 Edgewood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John H Gardner

6 DATE OF BIRTH (month, day, and year): April 15 1858

7 AGE — Years: 68 | Months: 2 | Days: 28 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town)

(State or country): New Jersey

PARENTS

10 NAME OF FATHER: Leonard Carling

11 BIRTHPLACE OF FATHER (city or town)

(State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Matilda Ferd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): New Jersey

14 Informant: Hattie Reed

(Address): 2008 Edgewood

Filed ..... 19 ..... C HAMPSON JONES M. D. Registrar

1 5 1926 By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 13 26

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1920, to July 13, 1926; that I last saw h.. alive on July 12, 1926, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo D Cowing, M. D.

, 19 26 (Address) 1834 Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: July 16 1926

20 UNDERTAKER: H J Weber Sons — ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12383 — 47 E 12383

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 Fait Ave ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Batchelor

(a) RESIDENCE NO. 3122 Fait Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of G. Frank Batchelor

6 DATE OF BIRTH (month, day, and year) May 18 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James F Spencer

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Rosa Stoll

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant James E Batchelor
(Address) 3226 Fait Ave

15 FILED JUL 15 1926 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20 1925 to July 13 1926

that I last saw her alive on July 13 1926

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Rt. Breast.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Guy O McCreary M. D.

7/14/26 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem — DATE OF BURIAL July 16 1926

20 UNDERTAKER John Ulrich — ADDRESS 200 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12384 161-01 E 12384

E 12384

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1918 Dawson St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daughter of Robert & Hilda Ammons

(a) Residence No. 1918 Dawson St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 14, 1926

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 4 hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md. 1918 Dawson

PARENTS.

10-NAME OF FATHER Robert G. Ammons

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Richmond Va.

12-MAIDEN NAME OF MOTHER, Hilda May Buetz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Robert G. Ammons

(Address) 1918 Dawson St.

15- Filed JUL 15 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 14, 1926

I HEREBY CERTIFY, That I attended deceased from July 14, 1926 to July 14, 1926

that I last saw h.. alive on July 14, 1926

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

7 lb. months Fetus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. H. Wright M. D.

July 14 1926 (Address) 1207 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 15 1926

UNDERTAKER Emmert & Wright

ADDRESS Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12385 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12385

CERTIFICATE OF DEATH.

161-60

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1918 Division St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Son of Robert & Stella Ammons

(a) Residence No. 1918 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (Write the word.): Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of:

6-DATE OF BIRTH (month, day and year): July 14 1926

7-AGE: ..yrs..mos..ds. If LESS than 1 day, 4 hrs. or ..min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): 1918 Division St

PARENTS.

10-NAME OF FATHER: Robert G. Ammons

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Richmond

12-MAIDEN NAME OF MOTHER: Stella May Burke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14- (Informant): Robert G. Ammons

(Address): 1918 Division St

15- Filed ..19.. Registrar.

CHANGED TO JULY 15 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 14 1926

17- I HEREBY CERTIFY, That I attended deceased from July 14 1926 to July 14 1926 that I last saw h alive on July 14 1926 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

2 1/2 months (Duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary): None

(Duration) ..yrs..mos..ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) W. H. W. Bryant M. D.

(Address) 1204 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion DATE OF BURIAL July 15 1926

20-UNDERTAKER: Barnes & Colegrove ADDRESS 1364 W Cary

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12386

CERTIFICATE OF DEATH.

90 E 12386

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Sterling ST. 10-2 WARD)

2-FULL NAME Wm. St. Payne

(a) RESIDENCE NO. 802 Sterling ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Lurvina Payne

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	Approx 70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md.

PARENTS

10 NAME OF FATHER Wm. St. Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriet Brumfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mamie Hunter (daughter)
(Address) 1803 Orleans St.

15 Filed JUL 15 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 13, 1926.

That I last saw him alive on July 13, 1926

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage
c Unilateral Paralysis
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension & Hypocardia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

7/13, 1926 (Address) 14 Ky Ave Mt Vernon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL July 15 1926

20 UNDERTAKER Mrs R A Elliott — ADDRESS 1735 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 12387

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 E 12387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33d & Calvert ST., 9-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J. Steinmetz

(a) RESIDENCE NO. 608 E. 33rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Steinmetz

6 DATE OF BIRTH (month, day, and year) July 20, 1876

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floorman

(b) General nature of industry, business, or establishment in which employed (or employer) Silverware Factory

(c) Name of employer Heer-Schofield

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Andrew Steinmetz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Hoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Louise Steinmetz,
(Address) 608 East 33rd Street

15 Filed JUL 15 1926 HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to July 14, 1926, that I last saw him alive on July 14, 1926 and that death occurred, on the date stated above, at 9:55 P. m.

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. A. Hamaker, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 17, 26

20 UNDERTAKER Ralph B. Cook

ADDRESS 1003 W. Balto St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12388

CERTIFICATE OF DEATH.

90 E 12388

REGISTERED NO.

1-PLACE OF DEATH U. S. Marine Hospital No 1

CITY OF BALTIMORE: (No. Baltimore, Md. ST 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Miller

(a) RESIDENCE NO. 40 Catharine St. Phila. Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., If of foreign birth? Unknown ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer Unknown.

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Self. (Address)

15 Filed UL 15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1923, to July 13, 1926, that I last saw him alive on July 13, 1926, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

Hyperplasia, Interstitive, acute

— (duration) 6 yrs. — mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Physical findings and lab

What test confirmed diagnosis? tests

(Signed) J. C. Grant, M. D.

(Address) U. S Marine Hospital No 1.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys (Hand) DATE OF BURIAL July 15 1926

20 UNDERTAKER E. LeRoy Stiffler ADDRESS 1355 North ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12389

CERTIFICATE OF DEATH.

31 E 12389

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Calhoun ST., 16-7 WARD)

2-FULL NAME Robert Jones

(a) RESIDENCE NO. 820 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 9- 1905

7 AGE: Years 20 Months 11 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thos. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Cora Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Cora Jones 820 N. Calhoun St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

L15 1520

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12 1926

17

I HEREBY CERTIFY, That I attended deceased from July 6 - 1926 to July 12 - 1926.

that I last saw him alive on July 12 1926.

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of Lung

Tuberculosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 5 mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr. W. Bernard M. D.

7-13 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: July 14 26

20 UNDERTAKER: Samuel H. Wesley

ADDRESS: [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 12390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12390

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2646 Boone St., 43 Ward)

2-FULL NAME Harry Lindsay

(a) RESIDENCE NO. 2646 Boone St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 23rd 1925

7 AGE: Years | Months: 11 | Days: 21 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Loreline Co

(State or country): Va.

PARENTS

10 NAME OF FATHER: David T. Lindsay

11 BIRTHPLACE OF FATHER (city or town): ....

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Brayton

13 BIRTHPLACE OF MOTHER (city or town): ....

(State or country): Va.

14 Informant: David T. Lindsay

(Address): 2646 Boone St

15 Filed ..... C. HAMPSON JONES, M. D.

JUL 15 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2nd, 1926, to July 14th, 1926, that I last saw h.. alive on July 14th 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

A hacking cough

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? —

If not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Typical Epoun

(Signed) Geo. W. Montgomery III, M. D.

7/14/1926 (Address) 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — Date of Burial: July 15th 1926

20 UNDERTAKER: Daniel Ford — ADDRESS 916 Pine

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 12391 (6/6)

122-001

E 12391

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. ____ St., 6-1 Ward)

2-FULL NAME August Schmidt

(a) RESIDENCE NO. 407 N. Bethel St St. Balto Ward Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sallie Schmidt

6 DATE OF BIRTH (month, day, and year) May 31/65

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
61	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Excavator

(b) General nature of industry, business, or establishment in which employed (or employer) Himself 86

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Christian Schmidt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Records

(Address) ~~JOHNS HOPKINS HOSPITAL, M.D.~~ CHARGE OF HOSPITAL

15 Filed ..... 19 .....

JUL 15 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to July 13, 1926, that I last saw ~~him~~ alive on July 13, 1926, and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

~~Cholangitis~~

Carcinoma of liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cholangitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of July 13-1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Warfield M. D.

, 19 (Address) J H H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem — Date of Burial 7/16 1926

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12392

CERTIFICATE OF DEATH.

E 12392
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 N. Kenwood Ave St., 23 Ward)

2-FULL NAME George W. Gardner

(a) RESIDENCE NO. 705 N. Kenwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Florence J. Gardner

6 DATE OF BIRTH (month, day, and year) Feb 27/69

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	57	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Ag't

(b) General nature of industry, business, or establishment in which employed (or employer) Collector

(c) Name of employer Home Friendly

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Geo. W. Gardner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Louise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Florence J. Gardner

(Address) 705 N. Kenwood

15 Filed JUL 15 1926 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/26 19

17 I HEREBY CERTIFY, That I attended deceased from May 30 19 26 to July 15 19 26,

that I last saw h.m alive on July 15 19 26,

and that death occurred, on the date stated above, at 12 20 A M.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension

Mitral Insufficiency + Myocardial Insuff.

Chr. Bright's

(duration) yrs. 3 mos. ds.

CONTRIBUTORY Emphysema - Bronchial Asthma

(Secondary) ? Cancer of stomach (Symptoms)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Louis F. Krumeich, M. D.

19 (Address) 722 North Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Com. Date of Burial 7/17 19 26

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

(John Wedera) 118.002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12393

CERTIFICATE OF DEATH.

118 E 12393

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITWL ST. 4-1 WARD)

2-FULL NAME John Wedera

(a) RESIDENCE No. 645 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER No. Ender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant J. Pledas

(Address) 645 W Lombard Street.

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

JUL 15 1926. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1926 to July 14, 1926

that I last saw h alive on July 14, 1926

and that death occurred, on the date stated above, at 1:1[illegible] m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of July 14

Was there an autopsy? No

What test confirmed diagnosis? Yes.

(Signed) R S Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 16. 1926

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S. Paca St.

Spec.—1-10-21—M&T—1500 Blks.

E 12394 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12394

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ~~1~~ 76-7 ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Lancaster

(a) RESIDENCE No. Baltimore City Hospitals ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Balto City Hosp Records
(Address)

Filed July 15 1926 C. HAMPSON JONES, M. D.
Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 11, 1926.

that I last saw her alive on July 11, 1926.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Senility

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Horsley Smith M. D.

July 13 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Branch

DATE OF BURIAL July 15, 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

Spec.—12-9-25—A Co.—200 Bks.

E 12395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12395

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1607 N. Eden st St., 9-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhemina Schmidt

(a) RESIDENCE NO. 1607 N Eden st St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Charles Schmidt

6 DATE OF BIRTH (month, day, and year): July 29. 1838

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	87	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Mary John Schmidt

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Link

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Mary Joseph Schreiber 1607 N. Eden st

15 Filed JUL 15 1926 19 C. EMPSON JONES, M. D. Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10th 1926 to July 13th 1926

that I last saw h.. alive on July 13, 1926

and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Coincident Hemiplegia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Josefine Buck, M. D.

7/13, 1926 (Address) 1046 St Paul St

*Sinle the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial July 16 1926

20 UNDERTAKER: Geo. J. Ruth ADDRESS 1335 Hayford Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12396

CERTIFICATE OF DEATH.

129 E 12396

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N Collington St. Ward 2)

2-FULL NAME Mary M. Ogborn

(a) RESIDENCE No. 510 N. Collington ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Ogborn

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74 Seventy four			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 69

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Dr John Ayd

(Address) 1937 E. Monument St.

15 Filed JUL 15 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1924, to July 13, 1926, that I last saw her alive on July 12, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

July 14, 1926 (Address) 2006 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 16 1926

20 UNDERTAKER William J. Schaffer — ADDRESS 1816 Monument

Spec.—1-10-21—M&T—1500 Bks.

E 12397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12397

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp. ST. 25-2 WARD)

2-FULL NAME Mrs Annie Bodiee

(a) RESIDENCE NO. Halethorpe Md. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J Bodiee

6 DATE OF BIRTH (month, day, and year): Mar 7. 1870

7 AGE: Years 56; Months 4; Days 7; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Frank Schuman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs Dix

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John J Bodiee

(Address): 19 East Lucy St. Phila

15 Filed 7 15 1926 (19) C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 6, 19 26, to July 14, 19 26.

that I last saw her alive on July 14, 19 26

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. tests

(Signed) J. Theron Dinter M. D.

7/14, 19 26 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hood Cemetery, Germantown

DATE OF BURIAL: July 15 19 26

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Hoffman

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12398

E 12398 1 PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4501 Park Heights Ave ST. 15-3 WARD)

2-FULL NAME William Edward Ridgaway

(a) RESIDENCE NO. 4501 Park Heights Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Todd Ridgaway

6 DATE OF BIRTH (month, day, and year) Mar 4, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER John W. Ridgaway

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Md

12 MAIDEN NAME OF MOTHER Warren

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Md

14 Informant Mrs W. E. Ridgaway
(Address) 4501 Park Heights

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1921, to July 13th, 1926, that I last saw h[im] alive on Jan 11th, 1926, and that death occurred, on the date stated above, at 11-30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) ~~10~~ yrs. ~~7~~ mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of ...

Was there an autopsy? —

What test confirmed diagnosis? Usual

(Signed) A. A. Hammann, M. D.

July 14 1926 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL July 16, 1926

20 UNDERTAKER Harry A. Witz — ADDRESS 1531 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12399

CERTIFICATE OF DEATH.

44 E 12399

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Ramsay St. 14-W WARD)

2-FULL NAME Agnes Theresa McKelvey

(a) RESIDENCE NO. 1535 Ramsay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE Kate Marion McKelvey

6 DATE OF BIRTH (month, day, and year) 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Howard Co.

PARENTS

10 NAME OF FATHER John Hoffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. N. J. Pearson.
(Address) 1535 Ramsay

15 Filed ..... , 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-11, 1926, to 7-13, 1926, that I last saw her alive on 7-13, 1926, and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of sacrum & metastasis to Lungs — Senility

(duration) ... yrs. 9 mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Findings

(Signed) J. Gerald Howell, M. D.

, 19 (Address) Catonsville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL July 16, 1926

20 UNDERTAKER Harry H. Witzke — ADDRESS 1534 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12400

CERTIFICATE OF DEATH.

E 12400

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital 16-4 WARD)

2-FULL NAME William B. Page

(a) RESIDENCE NO. 1950 Mosher St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 185-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Ry & Elec Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER H. Clyett Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary A Page

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant W.C. Page

(Address) 3005 Rosewood Ave, Howard Park

15 Filed JUL 15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/26 . 19

17

I HEREBY CERTIFY, That I attended deceased from 7/14 . 19 26 . to 7/15 . 19 26 .

that I last saw him alive on 7/15 . 19 26 .

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Malignant Papilloma of bladder.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber M. D.

, 19 (Address) W. B. & A.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL La Plata Md

DATE OF BURIAL July 16 1926

20 UNDERTAKER Harry H. Witzke

ADDRESS 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12401

CERTIFICATE OF DEATH.

1926 E 12401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square ST., (or WARD) 18-2 South.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Herbert.

(a) RESIDENCE No. 1034 W. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Herbert. James H

6 DATE OF BIRTH (month, day, and year): Aug 2 1903.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsw.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Patient.

(Address) 1034 W. Fayette St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

JUL 15 1926 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to July 14, 1926,

that I last saw h alive on July 14, 1926

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Self Induced Abortion.
Retained Placenta.

(duration), yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of July 7 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory.

(Signed) A. A. Cosgrove, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: July 15 1926

20 UNDERTAKER: W M Rouzer

ADDRESS 223 N Howard

TION IS very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12402

CERTIFICATE OF DEATH.

70 E 12402

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. _____ St., 10-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Peixoto

(a) RESIDENCE NO. 812 Aisquith St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) April 22, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Peixoto

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Portugal

12 MAIDEN NAME OF MOTHER Ethel Weinstein

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant _____

(Address) JOHNS HOPKINS HOSPITAL

Filed OCT 15 1926 [illegible] Registrar. M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 14, 1926, that I last saw her alive on July 14, 1926, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows: over

Encephalitis (Marie Strumpfel

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary) None

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Lab. + clinical methods

(Signed) Faulkner Smith Jr, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrm Ry Date of Burial July 15 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1437 Eutaw St

Any inquiries see instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12403

CERTIFICATE OF DEATH.

90 E 12403

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 106 N. Milton Ave St. 6-3 Ward)

2-FULL NAME Annie Cohen

(a) RESIDENCE NO. 106 N. Milton Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 40 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer Cohen

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 61 | Months — | Days — | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): (37)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Morgan

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Shtamm

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Jack Lewis

(Address) 1435 E Balto St

15 Filed _____, 19____ _____ Registrar

JUL 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 19 26

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to July 15, 1926, that I last saw her alive on July 15, 1926, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Chronic Nephritis

(duration) ___ yrs. 2 mos. ___ ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation, Pulmonary Edema

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Wm J. Geyer, M. D.

July 15 1926 (Address) 1561 Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rit Cemetery | Date of Burial: July 15 1926

20 UNDERTAKER: Jack Lewis | ADDRESS: 1435 E Balto St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12404

CERTIFICATE OF DEATH.

71-001 E 12404

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST., 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E Barnes

(a) RESIDENCE NO. 1219 Wilmer Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 9. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Edw. Barnes

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Julia Bowen

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Julia Barnes
(Address) 1219 Wilmer Alley

15 Filed JUL 15 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 13, 1926, that I last saw him alive on July 13, 1926, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Fluid

(Signed) Myron G. Tull, M. D.

7/15 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12405 E 12405

CERTIFICATE OF DEATH.

101-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) 6-1 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles M. Eyster

(a) RESIDENCE NO. 1824 East Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Marguerite Eyster

6 DATE OF BIRTH (month, day, and year) Dec. 21 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lutheran Minister

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Eyster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Elizabeth Eisenhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Hospital Record

(Address)

15 5 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 13, 1926, that I last saw him alive on July 13, 1926, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Parotitis (acute abscess)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Ruth E. Fairbank, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem — DATE OF BURIAL July 16 1926

20 UNDERTAKER Peter Nicolaus — ADDRESS 2223 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12406

E 12406

CERTIFICATE OF DEATH.

REGISTERED NO. 14001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1536 N Caroline ST., 9-1 WARD)

2-FULL NAME Mary E Howard

(a) RESIDENCE NO. 1536 N Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Charles Akehurst

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Bonfiss

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Mrs Arthur Sullivan
(Address) 1536 N Caroline St

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1924, to July 14, 1926,
that I last saw her alive on July 14, 1926,
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Duration

Several weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? All the tests for paralysis

(Signed) M. L. Duncan, M. D.

19 (Address) 2439 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cem

DATE OF BURIAL July 16 1926

ADDRESS 153 Hollins

20 UNDERTAKER George J Smith

Spec.—12-9-25—A Co.—200 Bks.

Dr Gaddis 329 E - 25th St M. 563

E 12407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12407

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3029 Greenmount Ave St., 9-3 Ward)

2-FULL NAME Ethel E. Burnham

(a) RESIDENCE NO. 3029 Greenmount St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth B Burnham

6 DATE OF BIRTH (month, day, and year) Aug 1st 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Charles N Melville

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna R Smith

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto Md

14 Informant Anna R Melville

(Address) 413 E 31st St

15 Date 5 1926 C. HAMPSON JONES, M. D.

Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1924, to July 13, 1926, that I last saw h.. alive on July 13, 1926, and that death occurred, on the date stated above, at 930 m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 324 E 25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cem Date of Burial July 16 1926

20 UNDERTAKER Wm Cook ADDRESS 502 North Ave

Very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 12408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12408

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md, ST. 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Maxwell,

(a) RESIDENCE NO. Unknown .ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 30 0

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md

15 Filed 7-15 1926 .19 C. HAMPSON JONES, M. D. Registrar

Per ABH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-13- 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-8- .19 00 . to 7-13- .19 26 .

that I last saw him alive on 7-13- .19 26 ,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) . yrs. mos ds.

CONTRIBUTORY (Secondary) Dementia Praecox, Paranoid Reaction Type. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Goldsmith M. D.

. 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL July 16 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Madison

Spec.—1-10-21—M&T—1500 Bks.

(Burns)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12409 E 12409

CERTIFICATE OF DEATH.

745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 11-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert F. Burns (Burns) Spruce St. Univ

(a) RESIDENCE NO. 514 C. St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Albert Burns

6 DATE OF BIRTH (month, day, and year) 7-5-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Co.

(c) Name of employer Carnegie Steel Co

9 BIRTHPLACE (city or town) Wales Wall

(State or country) England

PARENTS

10 NAME OF FATHER John W. Burns

11 BIRTHPLACE OF FATHER (city or town) Wales Wall

(State or country) England

12 MAIDEN NAME OF MOTHER Eliza Cooper

13 BIRTHPLACE OF MOTHER (city or town) Wales

(State or country) England

14 Informant Deceased

(Address)

15 5 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14-26

17 I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 7-14-26, 19....,

that I last saw him alive on 7-14-26, 19....,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 1 hr mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 7/5/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo C. Hampson Jones, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wiseburg Church Cemetery — DATE OF BURIAL July 16 1926

20 UNDERTAKER Wm Cook — ADDRESS 532 E North Ave

Spec.—12-9-25—A Co.—200 Bks. Dr Aubertonne 1901 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12410

CERTIFICATE OF DEATH.

11 May 5-27 90 E 12410

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 2230 Wilkens Ave 70-6 Ward)

2-FULL NAME C. Andrew Kuhn

(a) RESIDENCE NO. 2230 Wilkens Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A. Kuhn

6 DATE OF BIRTH (month, day, and year) June 4 1839

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	87	1	— 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Richmond Va

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Dont Know

14 Informant John A. Kuhn

(Address) 2230 Wilkens Ave

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per NCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9th 1926, to July 14th 1926, that I last saw him alive on July 12th 1926, and that death occurred, on the date stated above, at 6:30 A. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation &
Cardiac Hypertrophy

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. S. Timberlake M. D.

(Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem Date of Burial July 18 1926

20 UNDERTAKER Woolcock ADDRESS 502 E. North Ave

Very Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Burke)

E 12411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12411

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 25-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Burke

(a) RESIDENCE NO. 3rd St & 4th Ave Fairfield Md ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... brs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospital Records (Address)

15 5 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to July 13, 1926, that I last saw him alive on July 12, 1926, and that death occurred, on the date stated above, at 2 20 Am.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. , mos 9 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Gross & Laboratory

(Signed) C. Hampson Jones M. D.

July 17 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lincoln Cem | DATE OF BURIAL 7/17 1926

20 UNDERTAKER Jas. Jr. Skinner | ADDRESS 1620 E. Broadway

Spec—12-23-21—E.B.R.S.—400 Eks.

(Crist)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12412

CERTIFICATE OF DEATH.

E 12412

1-PLACE OF DEATH

City of BALTIMORE: (No. 816 S. Port St. 1-13 Ward)

Registered No. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. ~~St~~ Martin Cristy

(a) Residence No. 816 S. Port St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Crist

6-DATE OF BIRTH (month, day and year) Nov. 5-1892

7-AGE. 33 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country). Md

PARENTS.

10-NAME OF FATHER. James Crist

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Rosa Zimmuski

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Lena Crist

(Address) 816 S. Port St.

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-13-26

17- I HEREBY CERTIFY, That I attended deceased from 7-6- 1926 to 7-13 1926

that I last saw him alive on 7-13 1926

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D.

, 19 (Address) 1500 Bdway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Schwartz's cemetery

DATE OF BURIAL. July 17, 1926

20-UNDERTAKER. Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-12-23—M&T—500 Bks.

E 12413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12413

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 20-5 REGISTERED NO. 122-002

CITY OF BALTIMORE: (NO. ..... ST., 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frank Sayle Andrews

(a) RESIDENCE NO. 1605 Ocoee St. ST., ... WARD .....
(Usual place of abode) Cleveland Tenn. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ala
(State or country)

PARENTS

10 NAME OF FATHER [illegible] Andrews

11 BIRTHPLACE OF FATHER (city or town) Mississippi
(State or country)

12 MAIDEN NAME OF MOTHER Lillie Sayle

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Mrs. Milner
(Address) Cleveland Tenn.

15 Filed ..... 19 C. KAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926 to July 14, 1926.
that I last saw him alive on July 14, 1926.
and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

(1) Banti's Disease (Splenic Anaemia)
(2) Cirrhosis of liver - secondary to

(duration) 2-4 yrs. mos ds.

CONTRIBUTORY (Secondary) Repeated hemorrhages from esophageal varicosities
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? Yes Splenectomy Date of 7-8-26
Was there an autopsy? No
What test confirmed diagnosis? Clinical-Operative

(Signed) Geo. D. Lilpop, M. D.
, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fountain SC — DATE OF BURIAL 7/16 19 26

20 UNDERTAKER George A. Tarboy — ADDRESS Fulton & Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-002

E 12414

CERTIFICATE OF DEATH.

E 12414

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3407 University Pkwy Ward 12-1)

2-FULL NAME Joseph L. Gilbert

(a) RESIDENCE NO. 3407 University Place St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte A. Gilbert

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE 74 Years 73 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Claim Dept. 074

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways & Balto. Ind.

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER James Gilbert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) German

14 Informant Charlotte A. Gilbert

(Address) 3407 University Place

5 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 13, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 13, 1926,

that I last saw him alive on July 13, 1926,

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH was as follows: Paralysis — Left Side

(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 1 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Loss of motion, Coma &c

(Signed) Leo L. McGinn M. D.

July 5, 1926 (Address) 724 E. 39th St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial July 16 1926

20 UNDERTAKER John A. Moran ADDRESS 801 Balto St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 12415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12415

CERTIFICATE OF DEATH.

75-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3237 Elliot ST. 26-8 WARD)

2-FULL NAME Mary Michalewicz

(a) RESIDENCE NO. 3237 Elliot ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): widowed

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Stefan Michalewicz

6 DATE OF BIRTH (month, day, and year): 6-20-1871

7 AGE: Years 55 Months Days 13 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Hanus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Hanus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Cecelia Michalewicz daughter.

(Address)

15 1926 C. FRAMPSON JONES, M. D. Registrar

Per , 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-13-1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 13, 1926, that I last saw her alive on July 13, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Right Hemiplegia

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) N. J. Dandor, M. D.

, 19 (Address) 3035 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 16 1926

20 UNDERTAKER: Frank Groobston — ADDRESS: 1966 Gilead

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12416

101-001 ✓ E 12416

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp. St. 25-11 Ward)

2-FULL NAME Alex. Makarovich

(a) RESIDENCE NO. 1009 Curtis A. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 44 Months 4 Days 4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Walter Makarovich

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Helen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Anastas Makarovich

(Address): 1009 Curtis A.

Filed: 5 1926 By: _____

C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Kelly M. D. (Coroner)

July 14 1926 (Address) 16 E. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial July 16 1926

20 UNDERTAKER: Frank E. Cole & Son — ADDRESS 1916 Eutaw Pl.

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12417

90 E 12417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4704 Wenwood Ave Ward 27-4)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McGee

(a) RESIDENCE NO. 4704 Wenwood Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. McGee

6 DATE OF BIRTH (month, day, and year): Aug. 27, 1853

7 AGE — Years: 77 — Months: 10 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Wm McGee

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Connelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Mary E. McGee

(Address): 4704 Wenwood Ave

15 Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26: July 13

17

I HEREBY CERTIFY, That I attended deceased from July 11, 19 26, to July 13, 19 26;

that I last saw h[illegible] alive on July 13, 19 26;

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Acute Gastritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. McLellan, M. D.

(Address) 1279 Pelham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: July 16, 1926

20 UNDERTAKER: E. J. Fanning & Son ADDRESS: Lafayette and Wash sts

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12418

E 12418

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1016 S. Second St. St., 76 Ward)

2-FULL NAME Margaret M. Weitzel

(a) RESIDENCE NO. 1016 S. Second St St. 76 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Weitzel

6 DATE OF BIRTH (month, day, and year) Oct. 13- 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	9 10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Lutz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Anfang

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Thomas H. Weitzel

(Address) 1016 S. Second St.

15 Filed _____ 19____ G. HAMPSON JONES, M. D.

Registrar

16 1926 Rk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 - 1926

17

I HEREBY CERTIFY, That I attended deceased from June 20 1926, to July 13 1926, that I last saw her alive on July 13 1926, and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

Loss of Compensation Heart

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

Diabetes (duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Caleb W. Athey, M. D.

July 13 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Sacred Heart Cem July 16 1926

20 UNDERTAKER ADDRESS

Lilly & Zeiler 403 S. Wolfe St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 12419

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Jefferson St. 5-V WARD)

2-FULL NAME Samb R. Distance.

(a) RESIDENCE No. 1202 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widowed,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Distance.

6 DATE OF BIRTH (month, day, and year) June 9th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Brown Trade Bldg

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Chas. Distance

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Rose Sharp. (Address) 1202 Jefferson St.

15 Filed 10 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25th 1926 to July 14th 1926.

that I last saw him alive on July 14th 1926,

and that death occurred, on the date stated above, at 2.12 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Lucke, M. D.

July 14-1926 (Address) 10th Sor + Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL July 17 1926

UNDERTAKER HAMPSON JONES, M. D. ADDRESS

Chas. H. Johnson 416 N. Carolina St.

IMPORTANT. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-082

E 12420

CERTIFICATE OF DEATH.

E 12420
1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE; (No. 5000 Palmar Ave St. 27-5 Ward)

2-FULL NAME Annie Dtein

(a) RESIDENCE NO. 5000 Palmar Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Dtein

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Louis ?

(Address): 1439 E. Baltimore St.

15 Filed JUL 16 1926 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1926, to July 15, 1926, that I last saw h.. alive on July 10, 1926, and that death occurred, on the date stated above, at 7 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis, chr. bronchitis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidore L. Levy, M. D.

July, 1926 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. Date of Burial July 16 1926

20 UNDERTAKER: Jack Levis ADDRESS 1439 E. Balt St

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Dr Miller 1319 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12421

CERTIFICATE OF DEATH.

44 J

E 12421

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1159 Riverside Ave St. 24-1 Ward)

2-FULL NAME Elizabeth F. Browning

(a) RESIDENCE NO. 1159 Riverside Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of George H. Browning

6 DATE OF BIRTH (month, day, and year) Nov. 28. 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Starr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna Maria Gorter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant George H. Browning Jr.

(Address) 1159 Riverside Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

JUL 16 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 9, 1925, to July 13, 1926, that I last saw her alive on July 13, 1926, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm E Stadler, M. D.

7/15, 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cem. July 17 1926

20 UNDERTAKER — ADDRESS

H. Sander Sons 1710 Pleasant St

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Dr Meyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12422

CERTIFICATE OF DEATH.

129 E 12422

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3 Goodwood Ave St. Hampden 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. L. Simmons

(a) RESIDENCE NO. 3 Goodwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Simmons

6 DATE OF BIRTH (month, day, and year) Feb 25. 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gunsmith

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant John Gardner

(Address) 3 Goodwood Ave

15 Filed....., 19.... C. HAMPSON JONES, M. D. Registrar

For

JUL 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July 2 1926 to Aug. 13 1926

that I last saw him alive on Aug 13 1926

and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Arteriosclerosis age?

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. N. Meyer Jr. M. D.

7/14, 19 26 (Address) 1580 E. 3 Bmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery Date of Burial July 17 1926

20 UNDERTAKER H. Sander Sons ADDRESS 1710 Eut St

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12423

CERTIFICATE OF DEATH.

23 E 12423

REGISTERED NO.

1-PLACE OF DEATH St Josephs Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 8-1 WARD)

2-FULL NAME Mrs Bathring Debes.

(a) RESIDENCE NO. 2210 E. Biddle St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael P. Debes.

6 DATE OF BIRTH (month, day, and year) April 27, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Gillen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Ireland. ?

12 MAIDEN NAME OF MOTHER ? unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? unknown.

14 Informant Irving E. P. Debes

(Address) 2210 E. Biddle st.

15 Filed 1 6 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to July 14, 1926, that I last saw h.cr alive on July 14, 1926, and that death occurred, on the date stated above, at 9:45 p. m.

The CAUSE OF DEATH* was as follows:

Myelitis.

Cerebral softening due to vascular occlusion.

(duration) yrs. mos — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation.

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Clement B. Moore, M. D.

7/14/26 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL July 17 1926

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

12424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-7 186-003

E 12424 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham L. Reinhard

(Residence in Baltimore: No. Greenville, S.C. Sts. yrs. 14 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. August (Month) 7 (Day) 1872 (Year)

7-AGE. 53 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Germany.

PARENTS.

10-NAME OF FATHER, ----------Reinhard.

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Maurice Himmel (Brother-in-Law)

(Address) 2201 Callow Ave.

15- JUL 16 1926 192.. HAMPSON JONES, M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 14 (Day) 1926. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-fractured rt. Femur
Automobile Collision

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

7/14/26 192.. (Address) 508 East North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore (Catherine)

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship Cem. DATE OF BURIAL. 7/16/ 1926

20-UNDERTAKER. David Sondheim ADDRESS 115-20 W. Mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

Dr Stubbs 2220 Garrison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12425

CERTIFICATE OF DEATH.

90 ✓ E 12425

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1531 Ellamont St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Poehler

(a) RESIDENCE NO. 1531 Ellamont St. Ward 5

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A. Poehler

6 DATE OF BIRTH (month, day and year) Aug 30, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Florence M. Cook

(Address) 1531 Ellamont St

Filed JUL 16 1925 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 14, 1926, that I last saw h.. alive on July 13, 1926, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Myocarditis about 2 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilitation & oedema 6 hrs

Both lungs (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. S. Stubbs, M. D.

July 15 1926 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Date of Burial July 17 1926

20 UNDERTAKER W. J. Cook ADDRESS 522 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12426

148

CERTIFICATE OF DEATH.

E 12426

REGISTERED NO.

1-PLACE OF DEATH Church Home V Inf. 27-7

City of BALTIMORE: (No. S., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Dollie Bryant

(a) RESIDENCE NO. 5725 Govane Ave, Govans, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: James A. Bryant

6 DATE OF BIRTH (month, day, and year): Nov 23 - 1891

7 AGE: Years 34 | Months 7 | Days 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Ehman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash DC

12 MAIDEN NAME OF MOTHER: Sarah I Dellenhaut

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Jas A. Bryant 5725 Govane Ave

15 Filed ..... 19..... Registrar

JUL 16 1926

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-16-26

17

I HEREBY CERTIFY, That I attended deceased from 7-15-26, 19 26, to 7-16-26, 19 26,

that I last saw h. alive on 7-16-26, 19 26,

and that death occurred, on the date stated above, at 2:50 a. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) ..... yrs. ..... mos. 2 wks ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Henry V P Welch Jr, M. D.

7-16, 1926 (Address) Church Home V Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Presbyterian Govans Date of Burial: July 19 1926

20 UNDERTAKER: Wm Cook ADDRESS: 502 E Vorth

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12427 HEALTH DEPARTMENT—CITY OF BALTIMORE 002

116 E 12427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Belair rd St.) 26-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Kraeter

(a) RESIDENCE NO. 109 S. Belair rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kraeter Don't know

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Conrad Kraeter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Elizabeth Kraeter

(Address) 109 S Belair road

15 Filed JUL 16 1926 HAMPSON JONES, M.D. Registrar

Per GKC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926. to July 15, 1926.

that I last saw him alive on July 15, 1926

and that death occurred, on the date stated above, at 7.20 a m.

The CAUSE OF DEATH* was as follows:

Entanglement of bowel

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptured bowel

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Patient state

(Signed) Wm D Correa, M. D.

, 19 (Address) Correa & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL July 18 1926

20 UNDERTAKER John Weirich ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12428 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12428

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 758 Dolphin St., 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Henry Smith

(a) Residence No. 758 Dolphin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Male~~ ~~Female~~ 4-COLOR OR RACE, Col 5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Lucy Smith

6-DATE OF BIRTH (month, day and year) 1863

7-AGE. 63 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Simon Smith

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER, Mary Mooney

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Balto Md

14-
(Informant) Lucy Smith
(Address) 758 Dolphin St

15-
Filed JUL 16 1926, 19.. C. HAMPSON JONES, M. D., Registrar.
Per RRA

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 15-1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 19 26, to July 15 19 26
that I last saw h.. alive on July 14 19 26
and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas E Claudius M.D.

Jul 15. 1926 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	7.18., 1926
20-UNDERTAKER, J Leon Hall	ADDRESS 753 Dolphin St

Spec.—1-10-21—M&T—1500 Bks.

E 12429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2041 E. Biddle ST., 8-4 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll Wm Dawson

(a) RESIDENCE NO. 2041 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn Md

PARENTS

10 NAME OF FATHER Charles B Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary E Lancaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary E Dawson (Address) Brooklyn Md

15 Filed JUL 6 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24th, 1926, to July 15th, 1926, that I last saw him alive on July 14th, 1926, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart

(duration) 1 yrs. — mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Stone House Cove Bath Co.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Physical findings

(Signed) Barry Heilbel M. D.

7/16, 1926 (Address) 1324-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL July 7 1926

UNDERTAKER John H. Deeny — ADDRESS 715 Light St

IMPORTANT: See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12430

CERTIFICATE OF DEATH.

12430

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Patterson Park ave. ST. 6-V WARD)

REGISTERED NO. 101-V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Hackett

(a) RESIDENCE No. 412 N. Patterson Park ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. E. Hackett

6 DATE OF BIRTH (month, day, and year): Feb. 25 1852

7 AGE — Years: 74 | Months: 4 | Days: 19 | If LESS than 1 day.....hrs or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Miss Bessie Hackett

(Address) 412 N. Patterson Park ave.

15 Filed ....., 19.....

C. HAMPSON JONES, M. D.

Registrar

Per .....

1 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to July 14, 1926,

that I last saw h[illegible] alive on " 14, 1926,

and that death occurred, on the date stated above, at 4 40 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Val. Dis. Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Typical signs

(Signed) D. Kerr, M. D.

7/15/26 19 (Address) 408 S. Bast Port ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: July 17 1926

20 UNDERTAKER: Wm. E. Black — ADDRESS: 927 N. Broadway

IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12431 E 12431

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 S Kenwood ave St., V Ward)

2-FULL NAME Catherine Schuhard

(a) RESIDENCE NO. 509 S. Kenwood ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23. 1916

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Henry Schuhard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Wittig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt City

14 Informant John Wittig (Address) 509 S Kenwood ave

15 Filed July 17 1926 C. HAMPSON JONES, M. D. Registrar Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and ~~from~~ the evidence obtained by said Investigation Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epileptic Convulsions probably precipitated by fright from measles & whooping cough

3 or 4 mos. (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Kemler, M. D. (Coroner)

July 14, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery Date of Burial July 17 1926

20 UNDERTAKER Lilly-Zeiler ADDRESS 403 S. Wolfe St

very important. See instructions on back of certificate.

6 1926

Spec.—1-10-21—M&T—1500 Bks.

E 12432 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12432

CERTIFICATE OF DEATH.

+117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gottlieb Schmidt

(a) RESIDENCE NO. Manchester, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lucy Mary Schmidt

6 DATE OF BIRTH (month, day, and year) 2-21-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker 017

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) York, Pa.
(State or country)

PARENTS

10 NAME OF FATHER Gotthardt Johann Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kutzer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Gottlieb Schmidt.
(Address)

15 7 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7—17—1926

17

I HEREBY CERTIFY, That I attended deceased from 7—15—, 1926, to 7—17, 1926,

that I last saw him alive on 7-17-26,

and that death occurred, on the date stated above, at 12:33 A m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Peritonitis general

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 7-16-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL; CREMATION OR REMOVAL Mayerbeely Md. DATE OF BURIAL July 19 26

20 UNDERTAKER A S Marshall ADDRESS 3139 Full Rd

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12433

CERTIFICATE OF DEATH.

75-00 4 E 12433

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Manhattan & Rusk St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Ford

(a) RESIDENCE NO. Manhattan & Rusk St. 27 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah E. Ford

6 DATE OF BIRTH (month, day, and year) Feb 17th 1843

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83	4	28 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore County

PARENTS

10 NAME OF FATHER David Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Louisa Nagle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co

14 Informant Sarah E. Ford

(Address) Manhattan & Rusk St.

Filed G HAMPSON JONES M.D. Registrar

7 1926 Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 23 1923, to July 15 1926,

that I last saw h~~im~~er alive on July 15 1926,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Paralysis L. side

(duration) 3 yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Debility due to age

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J P Whyte, M. D.

7/15. 1926 (Address) Manhattan & Rusk St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial July 17 1926

20 UNDERTAKER A S Marshall ADDRESS 3539 Fallsroad

very important. See instructions on back of certificates.

Name of physician who may be properly cognizant. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

AVALEAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12434 E 12434

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No 2411 Annah Ave St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ann Avalear.

(a) RESIDENCE NO. 2411 Annah ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Franklin F. Avalear.

6 DATE OF BIRTH (month, day, and year) March 22 - 1850.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. gd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Cardova.

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Theodore Heather

11 BIRTHPLACE OF FATHER (city or town) Cardova

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Catharine Scott.

13 BIRTHPLACE OF MOTHER (city or town) Cardova

(State or country) Maryland.

14 Informant Imand Scott Edgell.

(Address) 610 N. Appleton St.

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15- 1926.

17

I HEREBY CERTIFY, That I attended deceased from 7-12- 1926, to 7-15- 1926;

that I last saw her alive on 7-14- 1926;

and that death occurred, on the date stated above, at 5:55a m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) unknown. yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & Symptoms

(Signed) Chester Reland, M. D.

7-15-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial 7/17/1926

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson ave

Penalty for making any false statement in this certificate is very important. See instructions on back of certificates. Each statement of OCCUPATION is to be answered in full, and the question must not be passed by unnoticed.

Spec.—1-10-21—M&T—1500 Bks.

E 12435 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12435

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hos. ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Gundy

(a) RESIDENCE NO. 1417 St. Paul ST., WARD 8

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gundy

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Thomas Gundy

(Address) 1417 St. Paul St.

15 C. HAMPSON JONES, M. D.

7 1926 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926 to July 14, 1926.

that I last saw h[illegible] alive on July 13, 1926,

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Hain, M. D.

, 19 (Address) 38 S. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery DATE OF BURIAL July 18 1926

20 UNDERTAKER Chas. H. Johnson ADDRESS 467 N. Caroline St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 12436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12436

49

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Richards

(a) RESIDENCE NO. Balto. City Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress - Ot

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Charles Pattison

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va —

12 MAIDEN NAME OF MOTHER Nancy Pattison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West. Va

14 Informant Balto City Hospt (Address)

15 7 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July. 15. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926. to July. 15, 1926. that I last saw h[illegible] alive on July. 15, 1926. and that death occurred, on the date stated above, at 2.05 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Thyroid with Metastasis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home 205 W 25th St

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Pathology

(Signed) V. Bayrock, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 7/17 1926

20 UNDERTAKER J. J. Oakey & Sons — ADDRESS 1311 Light St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12437 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12437

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3803 E. Pratt St., 26 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Constantine Costa

(a) Residence No. 3803 E. Pratt St., 26 Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) July 4 1926

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 22 hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Steven Costa

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Greece

12-MAIDEN NAME OF MOTHER. Anstricia Tsendeia

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Greece

14- (Informant) Steven Costa

(Address) 3803 E. Pratt St.

15- Filed ..... C. HAMPSON JONES, M. D. Registrar.

7 1926 Per ARH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 5 1926

17- I HEREBY CERTIFY, That I attended deceased from July 4 1926 to July 5 1926

that I last saw h.. alive on July 5 1926

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

6 months Foetus

.....

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY .....

(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) H. B. Tillotson M. D

7/15, 1926 (Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Johns Hopkins Emb. Dept. DATE OF BURIAL. July 5, 1926

20-UNDERTAKER. ADDRESS

INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12438

CERTIFICATE OF DEATH.

29 E 12438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 521 Baker St. St. 14-1 Ward)

2-FULL NAME Joseph Nelson

(a) RESIDENCE NO. 521 Baker St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 3, 1906

7 AGE: Years 10 Months 3 Days 1

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of indnstry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER Abraham Nelson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER Rena Diggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Rena Nelson

(Address): 521 Baker St.

15 Filed JUL 7 1926 19 C. HAMPSON JONES, M. D. Registrar

Per MCP

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of Liver (accidental) Fell on broken bottle, (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tetanus, (duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D. (Coroner)

7/15, 1926 (Address) 2502 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial 7/17 1926

20 UNDERTAKER: Samuel Easton — ADDRESS 916 Park Ave

Be careful to print name, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12439

CERTIFICATE OF DEATH.

74 1001 E 12439

1-PLACE OF DEATH

City of BALTIMORE: (No. 3805 Egerton Road St 15-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Cohen

(a) RESIDENCE NO. 3805 Egerton Road. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 16th. 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.

(State or country) Md.

PARENTS

10 NAME OF FATHER Louis Cohen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Haas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Sol Rose

(Address) 3805 Egerton Road

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per ORR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1926

17

I HEREBY CERTIFY, That I attended deceased from December, 1924, to July 15, 1926,

that I last saw h.. alive on July 15, 1926,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage.

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 18 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Hollander, M. D.

, 19 (Address) 1810 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oheb Shalom Cemetery — Date of Burial: July 18, 1926

20 UNDERTAKER: David Sondheim — ADDRESS: 115-20 W. Mt. Royal Av.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

12440

HEALTH DEPARTMENT—CITY OF BALTIMORE

12440

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Forest Park Av ST. 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward P Smith

(a) RESIDENCE No. 3906 Forest Park Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 67	6 5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio (State or country)

PARENTS

10 NAME OF FATHER Wm O Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Anna Francis

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant F. F. Torch

(Address) 3906 Forest Park Av

15 JUL 7 1926 C. HAMPSON JONES, M. D., Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1926, to July 16th, 1926, that I last saw him alive on July 14, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Cerebral Embolism Hemiplegia

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary) Bulbar Paralysis

(duration) yrs. [illegible] mos. 10 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam, Blood pressure

(Signed) Joseph O Gichner, M. D.

, 19 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL July 17 1926

20 UNDERTAKER George J Smith — ADDRESS 153 [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12441 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12441

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Orleans ST., 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth K. Steiger

(a) RESIDENCE NO. 2815 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. F. Steiger

6 DATE OF BIRTH (month, day, and year) Mch. 2 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falmouth Ky.

PARENTS

10 NAME OF FATHER Valentine Pfirman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick V. Steiger son

(Address) 2816 Orleans St.

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 15, 1926,

that I last saw h[illegible] alive on July 15, 1926,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer, M. D.

7/17 1926 (Address) 15 W E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	July 19, 1926
20 UNDERTAKER	**ADDRESS**
Edw. W. Conklin	924 E. Eager St

Spec.—12-9-25—A Co.—200 Bks.

E 12442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12442

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 1743 Hanover St. 23-V Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Upton Elmore

(a) RESIDENCE NO. 1743 Hanover St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 5, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Elmore

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Gladys Garrison

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mrs Frank Elmore

(Address) 1743 Hanover St.

15 C. HAMPSON JONES, M. D.

7 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 16, 1926, that I last saw him alive on July 16, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) .....yrs. .....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. K. Campbell M. D.

(Address) 1646 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: July 17 1926

20 UNDERTAKER: Margaret J. Flynn — ADDRESS: 1422 Light St

Be sure to print name, as this is very important. See instructions on back of certificates.

EXACT STATEMENT OF OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

(Steele)

E 12443

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 E 12443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 W. Mulberry ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Jos. W. Steele.

(a) RESIDENCE NO. 704 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret A. Steele

6 DATE OF BIRTH (month, day, and year): 3/6/51

7 AGE: Years 95 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Steele

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mrs. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Miss Anna Steele

(Address) 704 Mulberry St.

15 Filed 7/17 1926 C. HAMPSON JONES, M. D. Registrar

Per APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16th 26

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1926 to July 16th 26

that I last saw h— alive on June 14th 1926

and that death occurred, on the date stated above, at 4:32 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

Coma

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening of arteries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Mott, M. D.

(Address) 824 Mod. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: July 18 1926

20 UNDERTAKER: H. M. Routson

ADDRESS 2238 N. Monroe

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12444

CERTIFICATE OF DEATH.

E 12444

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 17-1 WARD)

Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Rolax

(a) RESIDENCE NO. 1230 Argyle ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER William Rolax

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Moore

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed 7-17 1926, 19 ..... Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 19 26

17

I HEREBY CERTIFY, That I attended deceased from April 22, 19 26, to July 15, 19 26,

that I last saw him alive on July 15, 19 26,

and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. C. Gottlieb, M. D.

7-15, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 17 19 26

20 UNDERTAKER Samuel Hirsch & Bro. ADDRESS 1 N. Bdle

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-001

E 12445

E 12445

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 14-1 Ward)

2-FULL NAME Julia A. Collins

(a) RESIDENCE NO. 2032 Druid Hill Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Benj G. Collins

6 DATE OF BIRTH (month, day, and year): July 1858

7 AGE: Years: 68; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of indnstry, business, or esiablishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Butler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ann Maria Briscoe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Anna May Turner

(Address) 2032 Druid Hill Ave

15 Filed 7 1926, 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(duration) yrs. mos. ds.

(Signed) J. H. Miller, M. D.

(Coroner)

19 7/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial July 17 192 6

20 UNDERTAKER: Samuel Stansbury ADDRESS 578 N. Eutaw St

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 12446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12446

CERTIFICATE OF DEATH.

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 726 N Gilmor ST. 16-7 WARD)

2-FULL NAME Reginald Johnson

(a) RESIDENCE NO. 726 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 14 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Aubrey L. Johnson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Esther Derrick

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Esther Johnson (Address) 726 N Gilmor St

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

17 1926 Per PRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 16, 1926, that I last saw her alive on July 15, 1926 and that death occurred, on the date stated above, at 8-30 P. m.

The CAUSE OF DEATH* was as follows:

Measles (May 1926)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

7/17 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Bethel

DATE OF BURIAL July 18 1926

20 UNDERTAKER Wm W Chase & Son

ADDRESS 1400 Mosher

CAUSE OF DEATH IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 12447

HEALTH DEPARTMENT—CITY OF BALTIMORE

135 E 12447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Snyder.

(a) RESIDENCE No. 1323 Hartford Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Snyder

6 DATE OF BIRTH (month, day, and year) July 1st 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	77		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Snyder

(Address) 1323 Hartford Road

15 Filed 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/9, 1926, to 7/17, 1926.

that I last saw him alive on 7/17, 1926,

and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy Prostate

Pyelonephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 7/19 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Worth

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12448 — CERTIFICATE OF DEATH. — 9 E 12448

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mrs Hosp St. W-1 Ward)

2-FULL NAME William J White

(a) RESIDENCE NO. 2031 Division St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Feb. 7-26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	1	5 17	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Paul White

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Selma Hunt

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Paul White

(Address) 2031 Division St

15 July 17, 1926 ORH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 1 ds.

July 17 (Signed) C. C. Hall, M. D.

(Coroner)

(Address) 1431 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 7/17/26

20 UNDERTAKER Mrs. Lee H. Holland — ADDRESS 1401 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 7 1926

CLARENCE JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12449 ✓ 161-001 E 12449

E 12449

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO._____

City of BALTIMORE: (No. 921 N. Carralton St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unnamed (Infant Brown)

(a) RESIDENCE NO. 921 N. Carralton St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16th. 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Rufus Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Mannsboro Va.

12 MAIDEN NAME OF MOTHER Mallie Gunther

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Frankstown Va.

14 Informant Rufus Brown

(Address) 921 N Carralton ave

Filed JUL 18 1926 C. HAMPSON JONES, M. D. Registrar

by PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17th. 1926 19

17

I HEREBY CERTIFY, That I attended deceased from July 16th 1926 to July 18th. 1926, that I last saw him alive on July 16th. 26, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted If not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination Physical

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion Date of Burial 7-18-26

20 UNDERTAKER Joseph A Swirly ADDRESS 151 Wind ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Samuel Summers

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12450

CERTIFICATE OF DEATH.

3 | E 12450

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Summers

(a) RESIDENCE NO. 161 N. Cross st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Samuel Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Bettie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed JUL 18 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 15, 1926,

that I last saw him alive on July 15, 1926,

and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W E Gattens M. D.

7-15 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL July 18 1926

20 UNDERTAKER R L Parham 906 Leadenhall st — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12451 3rd Wk CERTIFICATE OF DEATH. 113 E 12451

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fairfield Rd ST. 25-9 WARD)

2-FULL NAME Charles Scott Jr 5th St

(a) RESIDENCE NO. Fairfield Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Charles Scott Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Orleans

12 MAIDEN NAME OF MOTHER Jennie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jennie Scott

(Address) 2451 Fairfield Md

15 FILED JUL 18 1926

16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15 1926 to July 16 1926

that I last saw him alive on July 16 1926

and that death occurred, on the date stated above, at 11-10 p m.

The CAUSE OF DEATH* was as follows:

Acute Alc Colitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ~ yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. F. Fletcher M. D.

(Address) 1600 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cr — DATE OF BURIAL: July 18 1926

20 UNDERTAKER: J. W. Brown's Sons — ADDRESS: Fairfield Md

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12452

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Parkwood Ave ST., 42-3 WARD)

2-FULL NAME Fannie Glacer

(a) RESIDENCE NO. 2835 Parkwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry Glacer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ~~years~~ ~~months~~				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant ~~Samuel Glacer~~

(Address) ~~2835 Parkwood Ave~~

Filed JUL 18 1926 HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from October, 1918, to July 17, 1926 that I last saw her alive on July 2nd, 1926 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical signs

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Ry DATE OF BURIAL July 18 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12453

E 12453

90

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Bulow St. 20-6 Ward)

2-FULL NAME Amelia Fox

(a) RESIDENCE NO. 411 N. Bulow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 mos. 29 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Lowd Fox

6 DATE OF BIRTH (month, day, and year) Feb 19 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Mary Fox Curtis Bay

15 Filed JUL 18 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10. 1926. to July 17. 1926. that I last saw h Alive on July 17. 1926 and that death occurred, on the date stated above, at 3.15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

7/17 1926 (Address) 707 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehrsen Keren Cem DATE OF BURIAL July 18 1926

20 UNDERTAKER Jack Lewis ADDRESS 1429 Bank St

CAUSE OF DEATH IS very important. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Cause of death in plain terms, so that it may be properly classified.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12454

CERTIFICATE OF DEATH.

9 E 12454

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2708 Rees St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos L Rees Polk

(a) RESIDENCE NO. 2708 Rees St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Ernest Polk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Laura Gross

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Ernest Polk

(Address) 2708 Rees

Filed JUL 18 1926 HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1926, to July 17, 1926, that I last saw h... alive on July 17, 1926, and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows: Whooping Cough

Bronchial Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Dwight Barnes, M. D.

7-18-26 (Address) 2617 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Laurel Cem Date of Burial July 19th 1926

20 UNDERTAKER A. Jones

ADDRESS, 111 S Gilmor St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12455

CERTIFICATE OF DEATH.

84 E 12455

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1235 Battery ave (ST.) 24-1 (WARD)

2-FULL NAME Louis H Brendel

(a) RESIDENCE (No.) 1235 Battery ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E Brendel

6 DATE OF BIRTH (month, day, and year): Sept 7 1862

7 AGE — Years: 63 Months: 10 Days: 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candy Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Lauer - Autex Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Brendel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Brinkmeier

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Anna E Brendel
(Address) 1235 Battery ave

15 Filed ..... 19 ..... C. HAMPSON JONES M. D. Registrar
Per .....

JUL 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to July 17, 1926, that I last saw him alive on July 12, 1926 and that death occurred, on the date stated above, at 12:40 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G E Bryton, M. D.

7/17, 1926 (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 20th 1926

20 UNDERTAKER: H. S. Tolson — ADDRESS, 1 S Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12456

CERTIFICATE OF DEATH.

129 E 12456

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4707 Edmondson St. 28-5 WARD)

2-FULL NAME Sadie S. Wells

(a) RESIDENCE No. 4707 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Va

PARENTS

10 NAME OF FATHER Nicholas B. Wells.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Laura B. Berry

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va

14 Informant Mr John S. Wells

(Address) 4707 Edmondson Ave

15 Filed JUL 18 1926 C. HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16. 1926

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1926 to 7/16/26, that I last saw her alive on 7/13/26 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chr. Diff nephr.

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) 1 day since 3/20/26 yrs. mos. ds.

18 Where was disease contracted if not at place of death? — 2nd 7/15/26

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? BP 230/110 etc.

(Signed) Bernard J. Tenny M. D.

7/17/26 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL July 19 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12457

CERTIFICATE OF DEATH.

64

REGISTERED NO. E 12457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 (St.) Newland (WARD) 12-1

2-FULL NAME William L. Murphy.

(a) RESIDENCE NO. 3507 (St.) Newland (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Morland Murphy

6 DATE OF BIRTH (month, day, and year) April 23 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Isaac T. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Bond Bollope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Emma M. Murphy

(Address) 3507 Newland St

15 Filed JUL 18 1926 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1926, to July 15, 1926, that I last saw him alive on July 15 1926, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Splenomegaly - type as yet undetermined

(duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alan C. Sutton M. D.

July 17 1926 (Address) 5600 Pimlico Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL July 19 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spes.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12458

CERTIFICATE OF DEATH.

100-001

E 12458

6-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Bradford ST. WARD)

2-FULL NAME Anna M. Adams

(a) RESIDENCE. NO. 127 N. Bradford ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 23/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baby
(State or country)

PARENTS

10 NAME OF FATHER Wm F. Adams

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Francis C. Burkley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Wm F. Adams
(Address) 127 N. Bradford

15 Filed JUL 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 17, 1926, that I last saw h[illegible] alive on July 17, 1926, and that death occurred, on the date stated above, at 8 A. m

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Carl L. Taylor, M. D.

7/17, 1926 (Address) 2007 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	7/19 1926
20 UNDERTAKER Philip Herring	ADDRESS 2046 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12459 + 6 E 12459

CERTIFICATE OF DEATH.

REGISTERED NO. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Eye, Ear + Throat Hosp. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Myer

(Residence in Baltimore: No. 2935 Westwood Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan (Month) 12 (Day), 1918 (Year)

7-AGE,	If LESS than 1 day,
8 yrs. 6 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John O Myer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Decker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John O Myer

(Address) Reisterstown Md

15- JUL 18 1926 C. HAMPSON JONES M.D. 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1926, to July 16 1926, that I saw her alive on July 16 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure during the removal of Tonsils + Adenoids under Ether anesthesia Probably Status Lymphaticus. (Duration) ..... yrs. ..... mos. ..... ds. Sudden death.

CONTRIBUTORY (Secondary) Probably Status Lymphaticus

..... (Duration) ..... yrs. ..... mos. ..... ds.

7/16/..., 1926. (Signed) Bernard S. Strauch M. D. (Address) 170 7 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 8 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Reisterstown, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	July ..., 1926

20-UNDERTAKER Wm Cook ADDRESS SOLE North

Important. See instructions on back of certificate.

OK Geo Edwards Blade MD Coroner at Large

Spec.—1-10-21—M&T—1500 Bks.

E 12460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12460

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 Linden Ave St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Frisby

(a) RESIDENCE NO. 941 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) Wife of~~ Ella Frisby

6 DATE OF BIRTH (month, day, and year) Oct [illegible] 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aberdeen Md

PARENTS

10 NAME OF FATHER Moses Frisby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Aberdeen Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Aberdeen Md

14 Informant (Address) Jennie Frisby 12 East 20½ St

15 Filed JUL 18 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15. 1926

17 I HEREBY CERTIFY That I attended deceased from Myocarditis, 1926, to July 16th, 1926, that I last saw him alive on July 16th, 1926, and that death occurred, on the date stated above, at 3:15 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute prostatitis (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Ellis, M. D.

7/16, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemtry	July 20, 26
UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 12461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12461

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 71 Ward)

2-FULL NAME Charles Stern

(a) RESIDENCE NO. Sycamore Ave Sparrows Pt, Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxx

6 DATE OF BIRTH (month, day, and year) July 6/1921

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	5	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER James Stern

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Polly Kansy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant James Stern

(Address) Sparrows Pt

Filed ..... 19 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lead Poisoning

(Accidental- fresh paint from fence)

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins M. D.

(Coroner)

7/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Oakley Cemetery July 18 1926

20 UNDERTAKER Mrs R. G. Elliott ADDRESS

JUL 18

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12462

CERTIFICATE OF DEATH.

90 E 12462

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 N. Caroline St St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Fox

(a) RESIDENCE NO. 917 N.Caroline St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Fox

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Sewer Dept

(c) Name of employer City Balto. Md

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Julia Fox

(Address) 917 N. Caroline St.

Filed JUL 18 1926 19___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Acyte Indigestion

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. S. Bates, M. D.

(Coroner)

7/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cushing Cemetery	July 20 1926
20 UNDERTAKER Mrs Ida Snowden	ADDRESS 1725 Ashland Av.

Spec.—12-9-25—A Co.—200 Bks.

12463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 12463

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Fawn St 3-1 Ward)

2-FULL NAME Christina Barone

(a) RESIDENCE NO. 908 Fawn St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 25 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nick Barone deceased

6 DATE OF BIRTH (month, day, and year): October 28 1869

7 AGE: Years 56 | Months 9 | Days 18 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): _____

(State or country): Italy

PARENTS

10 NAME OF FATHER: Carlo De Matteo

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Carmale

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Italy

14 Informant: Philip DiBeta

(Address): 908 Fawn

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 16

17 I HEREBY CERTIFY, That I attended deceased from July 1 — 1926, to July 16 — 1926, that I last saw h— alive on July 15 — 1926, and that death occurred, on the date stated above, at 10 40 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Uterus

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) A. W. Poole, M. D.

7/17/1926 (Address) 1350 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: July 19 1926

20 UNDERTAKER: Kendall Diffel & Son — ADDRESS: July 3 7 5 pm

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

JUL 18 1926

1926 H. HARRISON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

(over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12464

CERTIFICATE OF DEATH.

E 12464

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 S. Broadway 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Deborah Cohn

(a) RESIDENCE NO. 116 S Broadway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher Housework

(b) General nature of industry, business, or establishment in which employed (or employer) D.

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country) Russia

PARENTS

10 NAME OF FATHER Henry P Cohn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Fanny ~~Cr~~

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Cohn

(Address) 116 S Broadway

15 Filed JUL 18 1926 G. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 — 26 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1925, to July 18, 1926,

that I last saw h.. alive on July 17, 1926,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows: —

Cardio-Vascular Dis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank Brower, M. D.

, 19 (Address) 125 S Broadway —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem. Date of Burial July 18 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12465 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12465

117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hospital ST. 16-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marie H. Barnes

(a) RESIDENCE No. 916 Ashburton ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Carroll B Barnes

6 DATE OF BIRTH (month, day, and year) Aug 8 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Benj T Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Pamela F Toomey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Carroll B Barnes

(Address) 916 Ashburton ST

15 Filed JUL 18 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-2 1926, to 7-17 1926

that I last saw her alive on 7-17 1926,

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 7-3-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber M. D.

1926 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loan Val DATE OF BURIAL JUL 19 1926 19

20 UNDERTAKER Geo W Little ADDRESS 2709 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12466

CERTIFICATE OF DEATH.

90 E 12466

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emmanuel Lane St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Bicking

(a) RESIDENCE NO. 112 Carroll St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bicking

6 DATE OF BIRTH (month, day, and year) Apr 12 62

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Grinder

(b) General nature of industry, business, or establishment in which employed (or employer) Bottle Supplies

(c) Name of employer Carr & Lang

9 BIRTHPLACE (city or town) Chester

(State or country) Pa

PARENTS

10 NAME OF FATHER Peter Bicking

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Rebecca Riggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Catherine Bicking

(Address) 112 Carroll St.

Filed JUL 18 1926 HAMPSON JONES, M. D. Registrar

Per R. K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) about 1 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel S. Decker, M. D.

(Coroner)

, 1926 (Address) 3328 Poplar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral July 19 1926

20 UNDERTAKER John J. Coons & Co ADDRESS

John J. Coons & Co 901 Hollins St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E12467 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12467

CERTIFICATE OF DEATH.

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 McCulloh St., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eloise E. Davis

(a) RESIDENCE NO. 1811 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE col | 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. D. Davis

6 DATE OF BIRTH (month, day, and year) Oct. 31-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S.C.

PARENTS

10 NAME OF FATHER John Ruvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Mary Campbell 7-18-76

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Jefferson D. Davis (Address) 1811 McCulloh St.

15 Filed JUL 9 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17 1926.

17 I HEREBY CERTIFY, That I attended deceased from 7-12-26 19 , to 7-17-26 19 .

that I last saw h[illegible] alive on , 19 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis, Chronic Gastritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 1524 Hillsdale,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston, S. C.

DATE OF BURIAL July 9 1926

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

L 19 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12468 90 **E 12468**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2440 D. Hill Ave. St., 14th Ward)

2-FULL NAME Mary M. Phelps

(a) RESIDENCE NO. 2440 D. Hill Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Phelps.

6 DATE OF BIRTH (month, day, and year): January 1886

7 AGE: Years 40 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) W. Va.

PARENTS

10 NAME OF FATHER Isaac Armstrong

11 BIRTHPLACE OF FATHER (city or town):

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Fannie

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) W. Va.

14 Informant: James Phelps

(Address) 2440 D. Hill Ave.

15 Filed JUL 19 1926 19 C. HAMPTON MILLER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G. E. Yates M. D.

July 26 (Coroner)

(Address) 1436 E. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Date of Burial July 20 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1725 Eastlander

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Rks.

Hoffman 2913 E Balto.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12469 E 12469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 W. 33rd St. St. 13-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine H Dare

(a) RESIDENCE NO. 607 W 33rd St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry B.

6 DATE OF BIRTH (month, day, and year): Oct-24 65

7 AGE: Years 60 Months 8 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md

PARENTS

10 NAME OF FATHER: Adolph H Koehler

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Louisa Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Henry B Dare

(Address) 607 W 33rd.

15 FILED JUL 19 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15- 1926

I HEREBY CERTIFY, That I attended deceased from July 13- 1926, to July 15, 1926,

that I last saw h.. alive on July 15, 1926

and that death occurred, on the date stated above, at 3:55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) mm

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fredrick H Hermann M. D.

7-18-1926 (Address) 1710 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial July 19 1926

20 UNDERTAKER: W. M. Cook & Son ADDRESS 1502 E Monument

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12470

36-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Colvert & 33 rd St.) (or) (WARD) 47-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Joseph Tall (Dorothea)

(a) RESIDENCE NO. 112 W. Woodlawn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life-time mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Tall 1883

6 DATE OF BIRTH (month, day, and year) July 18, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home - wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Wahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bruke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Joseph L. Tall

(Address) 112 West Woodland Ave

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1926, to July 18, 1926, that I last saw her alive on July 18, 1926, and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Infection of Kidney - 6 M

Several (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Post operative Anuria

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 16 1926

Was there an autopsy? no Diagnosis by Attending Physician

What test confirmed diagnosis?

(Signed) James Arthur Waesche, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL July 21 1926

20 UNDERTAKER Wm Cook ADDRESS 508 E Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--1-10-21 M&T 1500 Bks.

E 12471

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-006

E 12471

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Schaller

(a) RESIDENCE No. 412 S. Register ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Schaller

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Schaller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina -?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant City Hospitals Records (Address)

15 Filed JUL 19 1926 Per J.C. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 17, 1926, that I last saw him alive on July 16, 1926, and that death occurred, on the date stated above, at 4 10 A.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis general & cerebral Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis: General & laboratory

(Signed) R. Hooper Pleasants, M. D.

July 17 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 20 1926

20 UNDERTAKER George A Weber — ADDRESS 2205 Boston

IMPORTANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-007

E 12472

CERTIFICATE OF DEATH.

E 12472

REGISTERED NO. 95-3

1-PLACE OF DEATH

City of BALTIMORE: (No.) West Balto Gen St., (Ward) Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a)

2-FULL NAME Myrtle Garey

(a) RESIDENCE NO. 2209 Washington Blvd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cracker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: John W Garey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Mary Watts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto Co Md

14 Informant: John W Garey

(Address): 2209 Wash Blvd

15 Filed JUL 19 1926 HARPER JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 5, 9, & 10th ribs, Left side & fracture of external condyle of left humerus (duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) motorcycle accident (duration) yrs. mos. ds.

(Signed) H. T. Hennessy M. D. (Coroner)

1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial 7/19 1926

20 UNDERTAKER: Wm Cook ADDRESS: 508 E North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12473

CERTIFICATE OF DEATH.

31 **E 12473**

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1017 Parrish alley St. 16-6 Ward)

2-FULL NAME Joseph Foote

(a) RESIDENCE NO. 1017 Parrish alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Foote

6 DATE OF BIRTH (month, day, and year) about Oct. 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Chas. Foote

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Parker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. M. Foote

(Address) 1400 W. Lanvale St.

15 Filed JUL 19 1926 HAMPSON JONES, JR. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypostasis

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

7/15, 192 6 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial July 19 1926

20 UNDERTAKER Mrs. Geo. H. Dennis per T. O. Nelson ADDRESS 1503 Lexington St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 12474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 12474

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Knox

(a) RESIDENCE NO. Cloverdale & Overlook Aves. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July, 15, 1926

7 AGE: Years | Months | Days: 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER J. E. Knox

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Kane

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Hosp. Records

(Address)

15 Filed _____, 19____ C. HAMPSON JONES, M.D. JUL 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 17, 1926, that I last saw h__ alive on July 17, 1926, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? yes

What test confirmed diagnosis? Physical findings

(Signed) P. Symotta, M. D.

, 19 (Address) Mercy Hospital Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: July 19 1926

20 UNDERTAKER: Margaret L. Flynn ADDRESS: 1422 Eutaw St.

E 12474

...ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ...ry important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12475

CERTIFICATE OF DEATH.

91-002

E 12475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2511 N. Charles St., 12-3 Ward)

2-FULL NAME Louisa A. Smith

(a) RESIDENCE NO. 2511 N. Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 1st, 1841

7 AGE: Years 84 | Months 6 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Jacob A. Smith

11 BIRTHPLACE OF FATHER (city or town): Phila. Pa.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary A. Seltzer

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

14 Informant: Fernie Smith

(Address) 2511 N. Charles St

15 Filed ..... 19 .....

For ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2511 N. Charles St July 18. 1926

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to July 18, 1926, that I last saw h.. alive on July 18, 1926, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 108 E. Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Date of Burial 7/20 1926

20 UNDERTAKER: Margaret T. Flynn ADDRESS 1422 Light St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12476 — CERTIFICATE OF DEATH. — 46 — E 12476

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 4801 Oakhill Ave (St.) 28-W (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret H. Hoffman

(Residence in Baltimore: No. 4801 Oakhill Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 6, (Month) (Day) 1874 (Year)

7-AGE, 54 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mullen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Hoffman

(Address) 4801 Oakhill Ave

15- C. HAMPSON JONES, M. D.

Filed ..... 191.... Registrar.

JUL 13 1920

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1920. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1920, to July 15 1920, that I saw h[er] alive on July 14 1920, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) 2 yrs. ....mos. ....ds.

(Signed) O. S. Lloyd M. D.

July 16, 1920 (Address) 2132 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ga Bethel — DATE OF BURIAL, 7/19, 1920

20-UNDERTAKER J. Fahey Jones — ADDRESS 1318 Eighth St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12477

90

E 12477

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

City of BALTIMORE: (No. Granada Apts St. 13-6 Ward)

2-FULL NAME Rebecca Katz

(a) RESIDENCE NO. Granada Apts St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Katz

6 DATE OF BIRTH (month, day, and year): March 30/1850

7 AGE — Years: 76 — Months: 3 — Days: 19 — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Meyer Waldeck

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Rebecca Wells

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Father

(Address): Granada Apts 4 D.

15 Filed JUL 19 1926 Per H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 19, 1926, that I last saw him alive on July 19, 1926, and that death occurred, on the date stated above, at 12 10 a.m.

The CAUSE OF DEATH* was as follows:

Arteio-sclerosis & myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris & oedema of lungs

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? N Date of ✓

Was there an autopsy? N

What test confirmed diagnosis? Clinical

(Signed) J. Fred Lentz, M. D.

8-19, 1926 (Address) 2010 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery — Date of Burial: July 21/1926

20 UNDERTAKER: J. Ahrens & Co — ADDRESS: 334 Reisterstown Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12478

74-001

CERTIFICATE OF DEATH.

E 12478

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 97-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. McDonald.

(a) RESIDENCE NO. 825 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, HUSBAND of Maude McDonald.

6 DATE OF BIRTH (month, day, and year) August 15, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Beltsville, Md.

PARENTS

10 NAME OF FATHER Rev. Wm. A. McDonald.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sarah R. Hall.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant S. D. Hall. (uncle)

(Address) Beltsville, Md.

15 Filed JUL 19 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

7/19 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial July 19 1926

20 UNDERTAKER Edmund Gore ADDRESS 1733 N. Lafayette Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12479

CERTIFICATE OF DEATH.

114 E 12479

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 736 Penna Ave St. 17-2 Ward)

2-FULL NAME Chas. H. Johns

(a) RESIDENCE NO. 736 Penna ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1876

7 AGE: Years 40; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Coal Co

(c) Name of employer Carroll

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Johns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Lenell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Anna Johns

(Address) 815 W. Franklin St

15 Filed JUL 19 1926 19

C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 16 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. Dilatation of Heart

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ac. Gastro-Enteritis (Indigestion of Adult)

(duration) yrs. mos. 1 ds.

(Signed) J. F. Hennessy M. D.

(Coroner)

7/18, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial July 19 1926

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill Ave

E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 12480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12480

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Brighton ST. 161 WARD)

2-FULL NAME Maggie G. Schminke

(a) RESIDENCE No. 3032 Brighton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. Andrew Schminke

6 DATE OF BIRTH (month, day, and year) June 23. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	1.	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John D. McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lavania Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant H. Andrew Schminke
(Address) 3032 Brighton St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from 8 Dec. 1926, to 18 July 1926, that I last saw h[illegible] alive on 17 July 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus Ex Bleeding

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) [illegible] M. D.

7/19 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 20 1926
UNDERTAKER	ADDRESS
Israel Syfer	1600 W North Ave

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Co 5-12-26 200 Bks.

E 12481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12481

92

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 S. Bethel St. 32 Ward)

2-FULL NAME Mario Spriggs

(a) RESIDENCE NO. 233 Bethel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Spriggs

6 DATE OF BIRTH (month, day, and year) Dec 28th 1840

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 070

(b) General nature of industry, business, or establishment in which employed (or employer) Nonad

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Thomas Watkins

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Calvert Co Md

14 Informant Emma Gray

(Address) 237 Herring St

15 Filed _____ 19 C. HAMPSON JONES, M. D.

Registrar

JUL 19 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) probably Coronary Embolism (duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Tuthill, M. D.

(Coroner)

July 18 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cemetery Date of Burial 19

20 UNDERTAKER Theodore White ADDRESS 113 So. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12482 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 538 Registered No.

City of BALTIMORE: (No. Lovland & Greene St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mary Louise Mehring

(a) Residence No. 1843 W. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) July 11, 1926

7-AGE. ....yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.... Baby

(b) General nature of Industry, business, or establishment in which employed (or employer)....

(c) Name of employer....

9-BIRTHPLACE (city or town)... Balto Md, (State or Country),

PARENTS.

10-NAME OF FATHER, John McMring

11-BIRTHPLACE OF FATHER (city or town)... Balto Md (State or Country),

12-MAIDEN NAME OF MOTHER, Maryline Seaber

13-BIRTHPLACE OF MOTHER (city or town)... Md. (State or Country),

14- (Informant) John M. McMring

(Address) 1843 W Lexington St

15- Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

Per .....

JUL 19 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 7-18-26

17- I HEREBY CERTIFY, That I attended deceased from 7-11-, 1926, to 7-18, 1926, that I last saw h[illegible] alive on 7-18, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Prematurity

Cause (Syphilis maternal)

unknown

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. 7 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ezra F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Balto Cem. DATE OF BURIAL, 7/19, 1926

20-UNDERTAKER, Philip Herwig ADDRESS 2019 Wilkens Ave.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

E 12483

CERTIFICATE OF DEATH.

E 12483

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3801 Forest Park Av St., 15-4 Ward)

2-FULL NAME Anna Boyd Davy

(a) RESIDENCE NO. 3801 Forest Park ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Davy

6 DATE OF BIRTH (month, day, and year) Feby 11-1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm A Boyd

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Sarah E. Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto md.

14 Informant J. Cookman Boyd

(Address) 3801 Forest Park ave

15 Filed _____, 19__ Per _____ Registrar

C. HARRISON JONES, M. D.

JUL 29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 16, 1926, that I last saw her alive on July 16, 1926, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

about 2 hours (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Essential hypertension

(duration) 1 yrs. 3 mos. ....ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J W Keacon, M. D.

July 17 1926 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial 7/19 1926

20 UNDERTAKER Chas E. Fraunfelter Son ADDRESS 1180 W. Fayette Ave

A. 15—WHITE PAPER, WITH UNREADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12484

E 12484

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 281 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Mullen

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept 19. 1882

7 AGE: Years 43 Months 9 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Arthur J. Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie C. McWilliams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mt Hope Friends

(Address): Mt Hope Retreat

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1925, to July 17, 1926.

that I last saw h[illegible]alive on July 16, 1926

and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonic – Pthisis

(Chr. Fibroid Pthisis)

acute Lobar Type Pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Dementia Praecox

over (duration) 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: July 20 1926

20 UNDERTAKER: Rita Wiedefeld ADDRESS: 914 Gremont Ave

I. B. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 12485

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12485

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 S Luzerne Ave St., 1 3 Ward)

2-FULL NAME Anniela Regula

(a) RESIDENCE NO. 826 S Luzerne Ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 17 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug - 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Bartlomiej Magiera

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Karolina Jabczynska

(Address) 826 S Luzerne Ave

15 Filed _____, 19____ Registrar

JUL 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1926

17

I HEREBY CERTIFY, That I attended deceased from February 5, 1926, to July 17, 1926, that I last saw h. R. alive on July 17, 1926, and that death occurred, on the date stated above, at 6 35 a.m.

The CAUSE OF DEATH* was as follows:

myocarditis.

(duration) 1 yr. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. A. Rutkowski, M. D.

, 19 (Address) 421 S Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem Date of Burial: July 20 1926

20 UNDERTAKER: Stephen J Fialkowski ADDRESS: 1000 S Kenwood Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12486

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 74-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 12486

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp, ST., 4-1 WARD)

2-FULL NAME Mrs Katherine Hobbs

(a) RESIDENCE No. Viaduct Ave-Relay Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Hobbs

6 DATE OF BIRTH (month, day, and year) June 7 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Delawter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George H. Hobbs

(Address) Relay Md

15 Filed JUL 9 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1926

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1926, to July 16, 1926

that I last saw her alive on July 16, 1926

and that death occurred, on the date stated above, at 7.02 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 4 hrs. ds.

CONTRIBUTORY (Secondary) Malignant Hypertension

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cemetery	July 20 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12487 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12487

CERTIFICATE OF DEATH.

Registered No. 1-1 161-09

1-PLACE OF DEATH

City of BALTIMORE: (No. 2321 Essex St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Godomski

(a) Residence No. 2321 Essex St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 18, 1926

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 12 hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ...

(b) General nature of Industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9-BIRTHPLACE (city or town) Balto. (State or Country), Md

PARENTS.

10-NAME OF FATHER Walter Godomski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Victoria Klik

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14-

(Informant) Mr. Walter Godomski

(Address) 2321 Essex St

15-

Filed JUL 19 1926, 192 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 18, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 18, 1926 to July 18, 1926

that I last saw him alive on July 18, 1926

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

18-Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? C. S. S.

(Signed) John J. Kruger M. D.

, 19 (Address) 1629 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: July 19, 1926

20-UNDERTAKER: John H. Weber ADDRESS: 1803 Bank St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 12488

E 12488

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 Woodbourne ave St.) 27-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Meekins

(a) RESIDENCE NO. 21 Woodbourne ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Miles Meekins

6 DATE OF BIRTH (month, day, and year) Mar 28-187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	24	

8 OCCUPATION OF DECEASED Gen Officer

(a) Trade, profession or particular kind of work Md Penitentiary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances J. Drabg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Ella M. Meekins

(Address) 21 Woodbourne ave

15 Filed JUL 19 1926 By C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1926, to 7-17, 1926,

that I last saw h'? alive on 7-17, 1926,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) PULMONARY EMBOLUS ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Jonsey M. D.

, 19 (Address) 1129 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL July 19 1926

20 UNDERTAKER John Merrick

ADDRESS 2008 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12489 | E 12489

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 14-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Green

(a) RESIDENCE NO. 571 Lawrens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Wid.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland ?

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant City Hospital Records
(Address)

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar
per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 17, 1926,

that I last saw him alive on July 16, 1926,

and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriolo Chrosis, Residual Hemiplegia
Hypertension
Chronic Myocarditis ?
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hooper Smith M. D.

July 17 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 19 26

20 UNDERTAKER Samuel Knusley ADDRESS 538 Bridge

Cor.—12-9-25—A Co.—200 Bks.

12490

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12490

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Mem. Hosp. St. 13-3 Ward)

2-FULL NAME Jack A Talbott

(a) RESIDENCE NO. 3512 Benson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred mste. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Talbott

6 DATE OF BIRTH (month, day, and year) Oct 3, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Elizabeth Talbott

(Address) 3512 Benson St.

15 Filed....., 19..... C. HAMPSON [illegible] Registrar

JUL 19 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

July 18 1926 (Signed) Jos Clinton Blasie M. D. (Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial July 21 1926

20 UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12491

CERTIFICATE OF DEATH.

90 E 12491

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Cedar Ave. WARD 27)

2-FULL NAME Napolan Hatfield

(a) RESIDENCE NO. 3626 Cedar Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~

6 DATE OF BIRTH (month, day, and year): May 12 1860

7 AGE: Years 66 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer): 046

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ~

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ~

14 Informant: John C Kirby

(Address): 3624 Cedar Ave

15 Filed JUL 19 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926 to July 17, 1926

that I last saw him alive on July 17, 1926

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) ~3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) A J Daner M. D.

7-19-1926 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampstead | DATE OF BURIAL: July 20 26

20 UNDERTAKER: Chenowith & Son | ADDRESS: 3617 Cheltenham

B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12492 — **CERTIFICATE OF DEATH.** — **E 12492**

90

REGISTERED NO. 28-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4706 Garrison Boulevard WARD)

2-FULL NAME Henry Liebman

(a) RESIDENCE NO. 4706 Garrison Boulevard ST. WARD

(Usual place of abode) About

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Althea Bevis

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	60	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale

(b) General nature of industry, business, or establishment in which employed (or employer) Leaf Tobacco

(c) Name of employer Merchant

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Leibman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Althea B. Liebman
(Address) 4706 Garrison Boulevard

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar.
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from February 1- 1923 to July 19- 1926, that I last saw him alive on July 17 1926, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (acute)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert L. Caldwell, M. D.

7/19, 1926 (Address) 211 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cemetery — DATE OF BURIAL: 7/20 1926

20 UNDERTAKER: Henry W. Mears & Son — ADDRESS: 805 N. Calvert St

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Make Certificate, Write Plainly, with Pen and Indelible Ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 12493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 12493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 15-13 WARD)

2-FULL NAME Martha Crawford

(a) RESIDENCE NO. 709 Cumberland St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42 -			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Peter Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Balto City Hospital

15 Filed E. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1926 to July 16, 1926.

that I last saw her alive on July 16, 1926,

and that death occurred, on the date stated above, at 2 10 m.

The CAUSE OF DEATH* was as follows:

Paraplegia - Probably Lueter in origin

Large Decubitus ulcer.

(duration) yrs. 2 mos 20 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? by Clinical Signs -

What test confirmed diagnosis?

(Signed) W. Agnew, M. D.

, 19 (Address) Balto. City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 19 1926

20 UNDERTAKER Daniel Copland ADDRESS 916 Cathedral

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1279-25—A Co.—200 Bks.

1926 E 12494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 12494

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital 26-5

City of BALTIMORE: (No. ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Secretia May Tracy.

(a) RESIDENCE NO. 941 Clinton St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): ——

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year): May 25 1926

7 AGE: Years | Months: 1 | Days: 21 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: \

(b) General nature of industry, business, or establishment in which employed (or employer): \

(c) Name of employer: \

9 BIRTHPLACE (city or town): Balto

(State or country): md.

PARENTS

10 NAME OF FATHER: Charles

11 BIRTHPLACE OF FATHER (city or town): ?

(State or country)

12 MAIDEN NAME OF MOTHER: Henrietta

13 BIRTHPLACE OF MOTHER (city or town): ——

(State or country)

14 Informant: Records

(Address) Johns Hopkins Hospital

Filed JUL 19 1926 Thompson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 16

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 16, 1926, that I last saw h.. alive on July 16, 1926 and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

Hereditary Syphilis

life (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia bronchial

(duration) ....yrs. ....mos. 7 ds.

18 Where was disease contracted

If not at place of death? ——

Did an operation precede death? \ Date of ——

Was there an autopsy? Yes

What test confirmed diagnosis? ——

(Signed) Fauvel R Smith Jr, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial July 19 1926

20 UNDERTAKER: Jos. T. H. Rochester ADDRESS 1433 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Special Ink 2-1926 M&S 1500 Bks.

E 12495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12495

CERTIFICATE OF DEATH.

X 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N Carrollton Ave. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice S. Hutson

(a) RESIDENCE No. Early Heights Anne Arundel Co

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~1~~ mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22, 1926

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

9 26

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hutson

11 BIRTHPLACE OF FATHER (State or country) Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER Minnie Culley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Md

14 Informant (Address) Minnie Culley Early Heights Md

15 Filed JUL 19 1926 C. HAMPSON JONES, M.D. Registrar Per H Abel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1926, to July 18, 1926, that I last saw her alive on July 18, 1926 and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Hemolytic

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Early Height. Anne Arundel Co Md

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Howell, M. D.

, 19 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary cemetery Early Heights Md

DATE OF BURIAL 7/19/1926

UNDERTAKER Leonard Hall

ADDRESS 753 Dolphin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12496

CERTIFICATE OF DEATH.

44

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1300

CITY OF BALTIMORE: (No. 1300 Division St. 17-1 WARD)

2-FULL NAME Rachel Shore

(a) RESIDENCE NO. 1300 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	Single ~~Married~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~~2~~

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	~	~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Not stated

11 BIRTHPLACE OF FATHER (city or town) Not stated
(State or country)

12 MAIDEN NAME OF MOTHER Not stated

13 BIRTHPLACE OF MOTHER (city or town) Not stated
(State or country)

14 Informant Chas. H. Johnson
(Address) 1300 Division St.

15 Filed JUL 19 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to July 18, 1926,
that I last saw h~~e~~ alive on July 18, 1926,
and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos 16 da.

CONTRIBUTORY (Secondary) ?
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheeler, M. D.
July 18 1926 (Address) 1230 Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL July 20 1926

20 UNDERTAKER Jno. M. Johnson — ADDRESS 1234 Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 12497. HEALTH DEPARTMENT—CITY OF BALTIMORE 16 E 12497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Hos. (ST.) (WARD) 24-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Edna Smith. Ed. Ray. Miller

(a) RESIDENCE NO. 200 E. Gittings ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7.17.26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
				7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Ed. Ray. Miller

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Edna Smith.

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Ed. R. Miller

(Address) 200 E. Gittings St.

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per CRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7. 17. 1926.

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7.17.26 to 19 , 19 ,

that I last saw h alive on 7. 17. 26, 19 ,

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Premature Delivery

7½ Mo. Gestation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis in Mother

(duration) 17 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Othilia B. Towles, M. D.

7.17.1926 (Address) 1432 Williams St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS JUL 19 1926

16.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12498

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Raynard Parkland ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris May Disney

(a) RESIDENCE NO. 2325 W. Lafayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1922

7 AGE	Years	Months	Days	If LESS than 1 day....hrs. or....min.
	4	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Nelson Disney

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Marguerite Barnes

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Nelson Disney

(Address) 2325 W. Lafayette Ave

15 Filed JUL 19 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/15 1926 to 7/17 1926

that I last saw h.e alive on 7/17 1926

and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Acute appendicitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of 7/15/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. Farber M. D.

19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 20 1926

UNDERTAKER Wm J. Tickner & Sons

ADDRESS N. & Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co —200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12499

CERTIFICATE OF DEATH.

E 12499

REGISTERED NO. 188-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bld General Hospital 18-2 Ward)

2-FULL NAME Robert Luther Stevenson

(a) RESIDENCE NO. 1209 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 8 1912

7 AGE — Years: 14 — Months: 2 — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond

(State or country): Va

PARENTS

10 NAME OF FATHER: Robert A Stevenson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Michigan

12 MAIDEN NAME OF MOTHER: Mary L Amos

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Hanover Co. Va

14 Informant: Mary L Roberts

(Address): 1209 W Lexington St

JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) accidental

(duration) ...yrs. ...mos. ...ds.

(Signed) C. J. Tunnicliff M. D. (Coroner)

7/15, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va Date of Burial JUL 20 1926

20 UNDERTAKER: Geo W Little ADDRESS 2700 EDMONDSON AVE

E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 12500

HEALTH DEPARTMENT—CITY OF BALTIMORE E 12500

CERTIFICATE OF DEATH.

REGISTERED NO. 5 114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Wilhelm ST. 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mae Lorraine Lowman

(a) RESIDENCE NO. 1915 Wilhelm Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 17 1921

7 AGE — Years: 5 — Months: 2 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Clarence E. Lowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Sayde Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant: Clarence E. Lowman

(Address): 1915 Wilhelm Ave

15 JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1926, to July 18, 1926, that I last saw her alive on July 18, 1926, and that death occurred, on the date stated above, at 4.0 m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 3 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Theo Koldewey, M. D.

July 19, 1926 (Address) 1900 W Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: July 21 1926

UNDERTAKER: Jos Joerdens Son

ADDRESS: 217 S. Pac

N. B.—WRITE PLAINLY, WITH UNFADING INK. ... mation should be carefully supplied. AGE should be stated EXACTLY. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12501

CERTIFICATE OF DEATH.

E 12501

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St., 9-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. L. Shelton jr.

(a) RESIDENCE NO. Arizona Ave., Balto. Co., Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred #1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 24/1919

7 AGE — Years: 6 Months: 6 Days: 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): New Port News

(State or country): Va

PARENTS

10 NAME OF FATHER: Wm. L Shelton

11 BIRTHPLACE OF FATHER (city or town):

(State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Callie G. Davidson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): W. Va.

14 Informant: Wm. L Shelton

(Address): Arizona Ave. Balto. Co., Md

15 Filed 7/19 1926 C. HAMPSON JONES, M. D.

By ARH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 July 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & rt Femur

(Struck by automobile-accidental)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) E. J. Pater M. D.

(Coroner)

7/19/26 (Address) 508 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Co., Md Bluefield W VIRGINIA Date of Burial July 21 1926

20 UNDERTAKER: Josiah Seyfer ADDRESS 1600 W North & Ave

PRR

F. P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

George Hoefel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12502 — CERTIFICATE OF DEATH. — 31 — E 12502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 23-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hoefel

(a) RESIDENCE NO. 6 E. Hamburg st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unk 32 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894 June 13th

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown O.H.D.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles F. Hoefel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

JUL 19 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 18, 1926,

that I last saw him alive on July 18, 1926,

and that death occurred, on the date stated above, at 4.15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. E. Gatchell M. D.

7-19-26, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Cem. — DATE OF BURIAL July 20 1926

20 UNDERTAKER E. Schloman & Son — ADDRESS 1039 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... DURATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E. 12503 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12503

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 64 Rasp ave ST. 26 2 WARD)

2-FULL NAME Mary E. Pitts

(a) RESIDENCE NO. 64 Raspe ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F Pitts

6 DATE OF BIRTH (month, day, and year) June 9 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Solomon Hodges

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant James F Pitts (Address) 64 Raspe ave

15 Filed July 19 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1925, to July 17th, 1926.

that I last saw h— alive on July 17th, 1926,

and that death occurred, on the date stated above, at 4 25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sign Symptoms

(Signed) Edwin W. Bender, M. D.

July 19 1926 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL July 20 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N Patterson Pk

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12504

CERTIFICATE OF DEATH.

177

E 12504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 25-3 WARD)

2-FULL NAME William Vance

(a) RESIDENCE NO. Belmont & Mansion Aves Washington Park ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Vance

6 DATE OF BIRTH (month, day, and year) Dec 26 - 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Balto City.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Vance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Mary E. Vance

(Address) Washington Park Balto Md

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per Reed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 18, 1926

that I last saw h.i.M alive on July 15, 1926

and that death occurred, on the date stated above, at 5:50 A.m.

The CAUSE OF DEATH* was as follows:

Oedema of Glottis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Failure

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of July 5

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) J. H. Beasley, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 21 1926

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12505

CERTIFICATE OF DEATH.

1815 **E 12505**

REGISTERED NO._____

1-PLACE OF DEATH Southern Hospital

City of BALTIMORE: (No. Greenmount Ave St. 12-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Robinson

(a) RESIDENCE NO. Southern Hospital St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Mr Brown 1845

7 AGE: Years 81 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant Miss Ruth Gregory

(Address) Southern Hospital

Filed 7/19 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 28. 1925, to July 18, 1926, that I last saw h-er alive on July 18. 1926, and that death occurred, on the date stated above, at 8.30p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Fracture of Humerus (Cause)

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) W K Baynum, M. D.

7/19, 1926 (Address) 2439 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Loch Raven, Maryland July 20, 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Bal

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12506

CERTIFICATE OF DEATH.

45 E 12506

1-PLACE OF DEATH Church Home + Infirmary

City of BALTIMORE: (No. Broadway & Jamison St., 63 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Diering

(a) RESIDENCE NO. 432 N. Luzerne Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Diering

6 DATE OF BIRTH (month, day, and year): June 25 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	65	X	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: Henry Lang.

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Clara Kohlman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Europe

14 Informant: Conrad Diering

(Address): 432 N. Luzerne Ave

15 Filed ..... 19.. C. HARRISON JONES, M. D. Registrar

JL 19 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to July 18, 1926

that I last saw h.. alive on July 18, 1926

and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bowel

Intestine

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY Pelvic Peritonitis

(Secondary)

(duration) yrs. 10 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of May 26, 1926

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) George L Buel, M. D.

7-18 1926 (Address) Church Home + Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Matthai Cemetery Date of Burial: July 20 1926

20 UNDERTAKER: Hughes & Jones ADDRESS: 434 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

12507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12507

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (C. H.) ST. 2-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emile Hanson

(a) RESIDENCE NO. 1633 Fleet st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Hans Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Christine Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Hospital Records (Address)

15 Filed JUL 19 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 18, 1926, that I last saw him alive on July 18, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gaddis M. D.

7-18-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL July 21 1926

20 UNDERTAKER J. H. Cook — ADDRESS 502 E. Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DO NOT WRITE IN THIS SPACE RESERVED FOR BINDING

JUL 19 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

E 12508 **E 12508**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 Frederick St. Brooklyn. 25-7 Ward)

2-FULL NAME M. Mozelle Baldwin.

(a) RESIDENCE NO. 424 Frederick St. Brooklyn. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __ yrs. 18 mos. __ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 23, 1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER George R. Baldwin.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Laura Garnett.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Laura Baldwin (mother)

(Address) 424 Frederick St. Brooklyn.

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery. (Imbecile)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto A. Reinhardt M. D. (Coroner)

7/19, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milford Va Date of Burial 7/20 1926

20 UNDERTAKER Hoh Cook ADDRESS 512 E Monument

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every [illegible] of [illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.— 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12509 E 12509

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N Read St. 4-1 WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Johnson

(a) RESIDENCE. No. 327 N Read ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7/2/26

7 AGE Years — Months — Days — If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Nathan Johnson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mattie West

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mattie Johnson
(Address) 327 N. Read St

15 Filed JUL 19 1926 19 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27 19 26

17 I HEREBY CERTIFY, That I attended deceased from 7/2/26, 19 26, to 7/27/26, 19 26, that I last saw h alive on 7/27/26, 19 26, and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

Premature birth
Patient gives history of a fall
(duration) yrs. (7 days) mos. ds.

CONTRIBUTORY (Secondary) Traumatism
(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Bowley, M. D.

7/27/26 19 (Address) 1905 Shank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12510 100-001 E 12510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospt.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. ST. 6-1 WARD)

2-FULL NAME Carrie Snowden

(a) RESIDENCE NO. 105 N. Dallas St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colr.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospt

(Address) Balto, Md

15 Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18 1926

17

I HEREBY CERTIFY, That I attended deceased from 6-13, 1926, to 7-18, 1926.

that I last saw h[illegible] alive on 7-18, 1926

and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Harry Goldsmith M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	July 21 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1681 orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Kess

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 12511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12511

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Lexington ST. 23d WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Keso

(a) RESIDENCE. No. 1020 Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 16 1919

7 AGE: Years 6; Months 11; Days 2; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Keso

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Belle Anderson

(Address): 1020 Lexington

15 Filed JUL 20 1926 C. HAMPSON JONES, M.D. Registrar

Per ——

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/18/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from 7/15/ 19 26 to 7/18/ 19 26

that I last saw h alive on 19

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pul Tbc.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron Bronchitis

Acute (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jane Conlan M. D.

7/18/ 19 26 (Address) 608 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jacobsville a.a. Co. cemetery

DATE OF BURIAL: July 20 19 26

20 UNDERTAKER: Edward Bryan

ADDRESS 1691 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12512
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12512
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1241 N. Ellwood ave ST., 6-3 WARD)

2-FULL NAME Sarah F. Flaherty

(a) RESIDENCE No. 1241 N. Ellwood ave St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Flaherty

6 DATE OF BIRTH (month, day, and year) Jan. 1872

7 AGE 54 Years 53 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) 03
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER Thos. Walsh
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Bridget O'Donnell
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John F. Flaherty
(Address) 1241 N. Ellwood ave

Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1926 to July 16, 1926
that I last saw h[illegible] alive on July 16, 1926
and that death occurred, on the date stated above, at 6a m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cancer Cervix

(duration) 2 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Gross
(Signed) H. S. Mazer M. D.
7/19 1926 (Address) 261 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pulaski Cem.
DATE OF BURIAL 7/21 1926
UNDERTAKER J. A. Moran
ADDRESS 300 E. Biddle St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12513

CERTIFICATE OF DEATH.

188-003

E 12513

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Mem Hosp St., 9-5 Ward)

2-FULL NAME Edwin D. Murphy

(a) **RESIDENCE NO.** 2103 Aiken St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/5/1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER John C. Murphy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER Margaret Hemmeter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Mrs. Margaret Murphy

(Address) 2103 Aiken St

Filed JUL 20 1926 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Auto Accident

Fracture of Skull, Instant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock Instant

(duration) yrs. mos. ds.

(Signed) G C Gladden M. D.

(Coroner)

July 19 '26 (Address) 1436 Biway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial 7/21 1926

20 UNDERTAKER George F Ruth ADDRESS 1735 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 12514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12514

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 W Cross ST. 23-1 WARD)

1 REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Jacobs

(a) RESIDENCE. No. 32 W. Cross ST., 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Jacobs.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Eugene Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo. Jacobs

(Address) 32 W. Cross St.

Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/18/1926

17 I HEREBY CERTIFY, That I attended deceased from 7/14/ 1926 to 7/18/ 1926

that I last saw h alive on 7/18/ 1926

and that death occurred, on the date stated above, at 9.00 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

due to Arterio Sclerosis (duration) yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj. Bonney, M. D.

7/19 1926 (Address) 1908 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mayotly ct Mayotly Md	July 21 1926
UNDERTAKER: L. G. Bramble's Son	ADDRESS: 108 W. Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

THIS IS A PERMANENT RECORD. Every item of infor-

Spec.—1-10-21—M&T—1500 Blks.

E 12515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12515

90

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp. ST., 19-1 WARD)

2-FULL NAME William Appo

(a) RESIDENCE NO. 1525 W. Baltimore ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E Appo

6 DATE OF BIRTH (month, day, and year) March 2 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) London

PARENTS

10 NAME OF FATHER John Appo

11 BIRTHPLACE OF FATHER (city or town) (State or country) London

12 MAIDEN NAME OF MOTHER Eliz. Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London

14 Informant Self.
(Address)

Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 1924 5, 1926, to July 17, 1926, that I last saw h[illegible] alive on July 11, 1926, and that death occurred, on the date stated above, at 10:10 P.m.

The CAUSE OF DEATH* was as follows:

Cardio vascular lesions arterio & dilatation, aortic regurgitation.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Card. decompensation

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Jno A Hampson M.D.

, 19 (Address) 1525 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL July 21, 1926

UNDERTAKER George J Smith — ADDRESS 1532 Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 12516 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 12516**

91102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 W. 25th St. 12-3 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Willing

(a) RESIDENCE NO. 102 W. 25th St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thos. J. Willing

6 DATE OF BIRTH (month, day, and year): Nov 1856

7 AGE — Years: 70 — Months: 8 — Days: 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town): Annapolis

(State or country): Md.

PARENTS

10 NAME OF FATHER: Lee Messick

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Julia White

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country): Maryland

14 Informant: W. Emack

(Address): 102 W. 25th

Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 1 ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

July 21, 1926 (Address) 1431 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivorytom — Date of Burial: July 22 26

UNDERTAKER: Thos. J. Fullerton & Son — ADDRESS: Northern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-27—M&T—1500 Blks.

E 12517 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12517

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Auchentorolly Ter. WARD) 13-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Riggans

(a) RESIDENCE No. 3300 Auchentorolly Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Riggans

6 DATE OF BIRTH (month, day, and year) May 4 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Special Passenger Agt

(b) General nature of industry, business, or establishment in which employed (or employer) Representative

(c) Name of employer Chesapeake Steamship Co

9 BIRTHPLACE (city or town) Philadelphia (State or country) Pa

PARENTS

10 NAME OF FATHER William Riggans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cape May N. J.

12 MAIDEN NAME OF MOTHER Mercy Springer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cape May N. J.

14 Informant Sarah A. Riggans (Wife)

(Address) 3300 Auchentorolly Terrace

15 Dec 20 1926 C. HAMPSON JONES, M. D.

Per C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 17, 1926,

that I last saw h[illegible] alive on July 17, 1926,

and that death occurred, on the date stated above, at 3:30 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory —

(Signed) J. P. Kane, M. D.

July 8 1926 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL July 20 1926

20 UNDERTAKER John P. Denny — ADDRESS 715 Eight St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12518

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 S. Parrish St. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. P. Mulligan

(a) RESIDENCE NO. 434 S Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Laura M

6 DATE OF BIRTH (month, day, and year) July 29, 1871

7 AGE: Years 54 53 | Months 11 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jas Mulligan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Laura M. Mulligan

(Address) 434 S Parrish St

15 Filed JUL 20 1926 19 C. HAMPSON JONES, M. D. Registrar

Per Dawn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15 1926 to July 18 1926

that I last saw h[illegible] alive on July 17 1926

and that death occurred, on the date stated above, at 3.50 Am.

The CAUSE OF DEATH* was as follows:

Pul. Intercalcosis

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. Donnelly M. D.

7/9 1926 (Address) 1058 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Norfolk Rd.

DATE OF BURIAL: July 21 1926

UNDERTAKER: John F. Gleason & Son

ADDRESS: 901 Hollins St

Per F. J. Gleason

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 12519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12519

CERTIFICATE OF DEATH.

38

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1226 N. North St. 13-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raphael Siegel

(a) RESIDENCE NO. 1226 N North Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jennie Siegel

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 50 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hardware

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Cosriel Siegel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Antonn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jennie Siegel

(Address) 1226 N North Ave

15 Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

By H Abbott

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 — 26

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to July 19, 1926, that I last saw h.... alive on July 19th, 1926, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of liver from injection of Neo Salvarsan

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions Oedema of Lungs

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Histon, Blood Test & Chemical

(Signed) Joseph Eschum, M. D.

July 19 1926 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Date of Burial July 20 1926

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 Eutaw St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12520 113 E 12520

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 122 Russell St. 25th Ward)

2-FULL NAME Mary Clara Ann Abrams

(a) RESIDENCE NO. 122 Russell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 5 1926

7 AGE — Years: — Months: 1 — Days: 15/14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Abrams

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Wallace

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Mamie Abrams

(Address) 122 Russell St

Filed JUL 20 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/20/26.

17 I HEREBY CERTIFY, That I attended deceased from 7/17/26, 19..., to 7/20/26, 19..., that I last saw h... alive on 7/19/26, 19..., and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ...yrs. ...mos. X ...ds.

CONTRIBUTORY (Secondary) Improper Feeding

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Philip H. Sams, M. D.

, 19 (Address) 122 Russell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial July 20 1926

20 UNDERTAKER: Samuel H. Wesley ADDRESS 578 W. Baltimore St.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12521

74-001

CERTIFICATE OF DEATH.

E 12521

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-2 Ward)

2-FULL NAME Eliza Colbert

(a) RESIDENCE NO. 360 N. Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Colbert

6 DATE OF BIRTH (month, day, and year): About 1874

7 AGE: Years 50 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: A. T. Hensley

(Address) 578 N. Biddle St.

15 Filed JUL 20 1925 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcohol Stimulants

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. ds.

(Signed) A. T. Hensley, M. D. (Coroner)

July 17, 19 24 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial July 20 '25

20 UNDERTAKER: Samuel D. Handley & Bro. ADDRESS 578 N. Biddle St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12522

CERTIFICATE OF DEATH.

E 12522

1-PLACE OF DEATH

City of BALTIMORE: (No. 11 N. Front st St., 5-1 Ward)

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore DiPaola

(a) Residence No. 11 N Front St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. 35 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine DiPaola

6-DATE OF BIRTH (month, day and year) Sept 12th 1875

7-AGE, 50 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... 045

(b) General nature of industry, business, or establishment in which employed (or employer) Commercial

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Joseph DiPaola

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Catherine Papa

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

11- (Informant) Sol Bucci

(Address) 14 Albemarle st

15- Filed JUL 20 1926 192 H. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-17-26

17- I HEREBY CERTIFY, That I attended deceased from 5-21- 1926 to 7-17 1926

that I last saw h~~i~~m alive on 7-17 1926

and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH* was as follows:

Adeno Sarcoma lymph glands of joint pelvis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Sarcomatosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-4-26

Was there an autopsy? yes

What test confirmed diagnosis? microscopical.

(Signed) S. D'Amario M. D

7-20 1926 (Address) 1604 Linden ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 21st 1926

20-UNDERTAKER Frank J Peters — ADDRESS 2118 E Balto

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 12523

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 19-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Jane Leguard

(a) RESIDENCE No. 1325 W. Lombard ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from February 13, 1926, to July 18, 1926, that I last saw her alive on July 17, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis, Senility

Emphysema

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith M. D.

July 19 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 7-21 1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Holliday

N. B.—WHERE DEATH OCCURRED IN THIS INSTITUTION, THIS CERTIFICATE MUST BE FILLED OUT BY THE ATTENDING PHYSICIAN, AND NOT BY THE OFFICIALS OF THE INSTITUTION. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12524

CERTIFICATE OF DEATH.

129 E 12524

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3222 Fait ave ST. 26-5 WARD)

2-FULL NAME Frederick B. Heine

(a) RESIDENCE NO. 3222 Fait ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Heine

6 DATE OF BIRTH (month, day, and year) July 10-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchcase Engr.

(b) General nature of industry, business, or establishment in which employed (or employer) Jeweler

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Bernard Heine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea July 26

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Heine

(Address) 3222 Fait ave

15 Filed JUL 20 1925 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to July 18, 1926

that I last saw h~~im~~ alive on July 17, 1926

and that death occurred, on the date stated above, at 6:7 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

Endocarditis (duration) yrs. 3 mos. ds.

18 Where was disease contracted If not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. L. Burke M. D.

(Address) 3042 Henderson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment Federal Hill

DATE OF BURIAL 7/21 1925

20 UNDERTAKER J. H. Moran

ADDRESS 3000 E Baltimore

N. B.—WRITE PLAINLY, WITH ONE PADDING INK—THIS STATEMENT IS RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12525 22-2 182 **E 12525**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at Pier No.7 Light St. Wharf

City of BALTIMORE: (No._____ St., _____ Ward)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---; -------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed..... 19..... C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Body found July 13, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

7/17 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

PUBLIC CEMETERY

19

20 UNDERTAKER ADDRESS

JUL 20 1926 THE MORGUE.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12526

CERTIFICATE OF DEATH.

168 E 12526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pratt St 728 St., 4-1 Ward)

2-FULL NAME Jos Riedel

(a) RESIDENCE NO. 728 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 60 yrs. Months: Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19.. C. HAMPSON JONES, M. D. Registrar

JUL 20 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D. (Coroner)

July 19 1926 (Address) 1059 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial JUL 20 1926 19

20 UNDERTAKER ADDRESS

Baltimore Health Dept.

REMOVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12527 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-901 E 12527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Body found in Carroll Park Registered No. C.....
City of BALTIMORE. (No. Pole found dead at Bal. Ave. & Stockton St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frankie Xavier Gaeccan

(Residence in Baltimore: No. Unknown St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Unknown

6-DATE OF BIRTH. Unknown (Month) (Day) 1..... (Year)

7-AGE. About 60 yrs. — mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State of Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) D. N. Police Dept
(Address) Balto

15-
Filed ..... 192.
G. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 30th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by Inquest, Autopsy or Inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) —

(Duration) .....yrs. .....mos. .....ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)
July 17th 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Bal. to Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ..... 19....

20-UNDERTAKER. ADDRESS

Commissioner of Health.

UNIVERSITY OF MARYLAND JUL 20 1926 JUL 20 1926 THE MORGUE

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WM. FOS. J. WOODALL

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

143 E 12528

E 12528

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 S. Rose St. St. 1-2 Ward)

2-FULL NAME George Louis Haas

(a) RESIDENCE NO. 615 S. Rose St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 10-1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6.	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER George Haas

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Subick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant George Haas

(Address) 615 S Rose St.

15 Filed JUL 20 1926 HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 - 1926

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1926, to July 17, 1926

that I last saw ~~him~~ alive on July 17, 1926,

and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Hubbard M. D.

19 (Address) 14 S Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial July 20 1926

20 UNDERTAKER: Lilly and Zeiler ADDRESS 403 S. Wolfe St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12529

CERTIFICATE OF DEATH.

90 E 12529

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1604 Baker St. 15-D Ward)

2-FULL NAME Mary E. Farley

(a) RESIDENCE NO. 1604 Baker St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip F Farley

6 DATE OF BIRTH (month, day, and year): Aug-7- 1857

7 AGE: Years 67 | Months 11 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ax Homme

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Co Md

PARENTS

10 NAME OF FATHER: John Durkin

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Ann Stanton

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ireland

14 Informant: Ella C. Nestor

(Address) 1604 Baker

15 Filed _____ 19__ C. HAMPSON JONES, M. D. Registrar

JUL 20 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 18- 26

17

I HEREBY CERTIFY, That I attended deceased from May 10, 19 25, to July 18, 19 26,

that I last saw h.. alive on July 17, 19 26,

and that death occurred, on the date stated above, at 1155 m.

The CAUSE OF DEATH was as follows:

arthritis deformans,

10 yrs.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 1 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. H. Nelson, M. D.

7/19/26 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Joseph's Iraq — Date of Burial: 7/21 19 26

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Vath

TION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 12530 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12530

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. N-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David K. Schultz Sr.

(a) RESIDENCE NO. 2310 Lanvale Ave ST., WARD Baltimore Md

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Julia Schultz.

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1902

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 yrs.	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Repairman

(b) General nature of industry, business, or establishment in which employed (or employer) Gas & Elect. Co.

(c) Name of employer Gas & Elect Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Pearl Bredbenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

14 Informant Mrs Pearl Smith

(Address) 701 Longwood St

15 20 1926, 19 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1926, to July 20, 1926, that I last saw him alive on July 20, 1926 and that death occurred, on the date stated above, at 4 10 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Cause)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 20, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. C. Lemmon, M. D.

, 19 (Address) Resident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL 7/22 19

20 UNDERTAKER Unclear

ADDRESS 502 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DATE
TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 12531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 12531

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Lilly Fisher of the Kirkpatrick St. [illegible] Ward)

2-FULL NAME Richard Howat.

(a) RESIDENCE NO. Preston & Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 4 July 1865.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Scotland.

PARENTS

10 NAME OF FATHER Robert K. Howat

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Rose Howat.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Florence

(Address) Preston & Caroline

15 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 20/26

17 I HEREBY CERTIFY, That I attended deceased from Heart

....., 19....., to ....., 19.....,

that I last saw h... alive on July 19, 1926,

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart.

Unknown (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

..... (duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

July 20, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stephens Church Annapolis Md

Date of Burial July 21 1926

20 UNDERTAKER Rita Wiedefeld

ADDRESS 914 Gruman Bldg

JL 20 1926

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CA... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA...ON is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12532

CERTIFICATE OF DEATH.

131

E 12532

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 438 Somerset St. 5-2 Ward)

2-FULL NAME Mary L. Thompson

(a) RESIDENCE NO. 438 Somerset St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob B. Thompson

6 DATE OF BIRTH (month, day, and year) March 16 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Washington Boulding

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St Michael Md.

12 MAIDEN NAME OF MOTHER Louise Lowby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Michael Md.

14 Informant Emma Louise Boulding

(Address) 440 Somerset St.

15 Filed C. HAMPSON JONES, M. D. Registrar

Per

7 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7-18-1926

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to July 18, 1926, that I last saw h[illegible] alive on July 18, 1926, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Pyo-Nephrosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) General Toxemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

7/19 1926 (Address) 1429 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: 7/21/ 1926

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 1421 Jefferson St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12533

E 12533

CERTIFICATE OF DEATH.

26-5 57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S. Clinton ST.) (WARD)

2-FULL NAME Elizabeth M. Ratsch

(a) RESIDENCE NO. 800 S. Clinton ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otto R. Ratsch

6 DATE OF BIRTH (month, day, and year) March 14-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER John Schmeiser

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Rosena Doehler

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Otto R. Ratsch
(Address) 800 S. Clinton St.

15 C. HAMPSON JONES, M. D.
Registrar
Per .....

20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17

I HEREBY CERTIFY, That I attended deceased from October 22, 1925, to July 18, 1926,

that I last saw her alive on July 17, 1926,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Diabetes

.....

(duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY
(Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Earle N. Potter, M. D.

July 19 26 (Address) 100 S. Potter on Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL July 21 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

IMPORTANT—Should be Carefully Supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Blks.

(Born)

E 12534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12534

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 N. Washington ST., 8-3 WARD)

2-FULL NAME Kate Bomm

(a) RESIDENCE No. 1520 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis D. Bomm

6 DATE OF BIRTH (month, day, and year) Sept. 11- 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alex. Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katharian Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Viola Gardner

(Address) 2116 N. Wolfe St.

15 Filed 7-21 1926 C. HAMPSON JONES, M. D. Registrar

Per A.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1926, to 7/20 1926, that I last saw h.er alive on July 19 1926, and that death occurred, on the date stated above, at 4.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wright Ludlow, M. D.

7/20. 1926 (Address) 3873 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cemetery — DATE OF BURIAL July 23 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

20 1926

Under Stone be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12535

12535

CERTIFICATE OF DEATH.

26-2 109-002

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2 W. Spring Ave., Raspeburg St.) (Ward)

2-FULL NAME Edward Arthur Huber

(a) RESIDENCE No. 2 W. Spring Ave., Raspeburg, Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 7th. 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 years	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Huber

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Thune

13 BIRTHPLACE OF MOTHER (city or town) Tanneytown
(State or country) Pennsylvania

14 Informant Wm. J. Huber
(Address) 2 W. Spring Ave., Raspeburg, Md.

15 Filed ... C. HAMPSON JONES, M. D.
Per ... Registrar

L 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 18, 1926, that I last saw him alive on July 17th, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Tonsillar Infection

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes (Tonsillectomy) Date of June 25th

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

7/19/1926 (Address) Raspeburg, Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL July 21 1926

20 UNDERTAKER Frederick Leakin & Son — ADDRESS Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12536 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12536

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rilla Mills nee (Durham)

(a) RESIDENCE NO. 25-2 N. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Tom Durham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 18, 1926, that I last saw her alive on July 18, 1926, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,
Hypertension,
Carcinoma Cervix

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis, Lobular Pneumonia (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hoope Smith M. D.

July 19 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL July 21/926

20 UNDERTAKER Daniel Easter & Sons

ADDRESS 516 Pearl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O... TION is very important. See instructions on back of certificates.

Paid 20 1926

Spec.—12-9-25—A Co.—200 Bks.

E 12537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12537

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 Parrish St. 16-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~John Boston~~ Nathaniel Baynor

(a) RESIDENCE NO. 1025 Parish St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Bk

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: —

6 DATE OF BIRTH (month, day, and year): Feb. 29 1926

7 AGE — Years: — Months: 4 Days: 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Kent County Md

12 MAIDEN NAME OF MOTHER Colvin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md

14 Informant Mother

(Address) Home

20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1926, to July 19, 1926, that I last saw h.... alive on July 17, 1926, and that death occurred, on the date stated above, at 2.00 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? N Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Harry Linder, M. D.

, 19 (Address) 2421 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial July 21/926

20 UNDERTAKER: Daniel Tarbert ADDRESS 916 Pa Ave

USE BLUE OR BLACK INK ONLY. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 12538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 E 12538

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bell Cy Hospital St., 7-2 Ward)

2-FULL NAME Catherine Zatkens

(a) RESIDENCE NO. 612 S. Bethel St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Siedienski

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35 about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Peter Kral

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Lasula

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Tomas Kral
(Address) 1203 S Decker ave

15 Filed JUL 20 1926 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Bullet wound through liver Murder

(duration) ....yrs. ....mos. 1/2 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ....yrs. ....mos. 1/2 ds.

(Signed) James M Hines M. D.
(Coroner)

July 19 1926 (Address) 700 E Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Bell Cy Hosp yrs., mos., 7 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 612 S. Bethel

Former or usual residence "

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial July 22 1926

20 UNDERTAKER John McWeber ADDRESS 803 Bank St

Section should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12539

CERTIFICATE OF DEATH.

74-801

E 12539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Highland ave ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. DeVaughn

(a) RESIDENCE NO. 115 S. Highland ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas DeVaughn

6 DATE OF BIRTH (month, day, and year) Jan. 8-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anton Mattausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Fritsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Thomas DeVaughn

(Address) 115 S. Highland Ave

15 Filed ....., 19.... Per ..... Registrar

CHAMPION JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1926, to July 20th, 1926

that I last saw her alive on July 19, 1926

and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb W. Peters, M. D.

July 21, 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem.

DATE OF BURIAL July 23 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

L 21 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12540

CERTIFICATE OF DEATH.

90 E 12540

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N. Linwood ave ST., 6-3 WARD)

2-FULL NAME Eliza F. Fitchett

(a) RESIDENCE NO. 435 N. Linwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John V. Fitchett

6 DATE OF BIRTH (month, day, and year) Aug. 12-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm. H. Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hester Ferrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V.

14 Informant Mrs. H. B. Hardwick

(Address) 435 N. Linwood ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

JUL 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25 1926 to July 18 1926

that I last saw h[er] alive on July 17 1926

and that death occurred on the date stated above, at 4.50 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

7-20-26 (Address) 806 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL July 21 1926

20 UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12541

CERTIFICATE OF DEATH.

E 12541

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1209 Hanover St. St. 23-1 Ward)

2-FULL NAME Louisa Bothe.

(a) RESIDENCE NO. 1209 Hanover St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 10 mos. 15 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced (or) WIFE of Julius Bothe.

6 DATE OF BIRTH (month, day, and year) September 4, 1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
80	81	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Gerhardt Muhly.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Louise Eitel.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant F. Julius Bothe. (son)

(Address) 1209 Hanover st.

15 Filed JUL 21 1926 HAMPSON JONES, M. D. Registrar

Per RJK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Fernbach M. D.
(Coroner)

7/19 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Druid Hill Park — Date of Burial: 7-21 1926

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 1007 Arlington Ave

Do not write in empty spaces. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-6-25—1 Co.—200 Blks.

1919 01

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12542

CERTIFICATE OF DEATH.

38 E 12542

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

City of BALTIMORE: (No._____ St. 15-13 Ward)

2-FULL NAME Roy Conaway

(a) RESIDENCE NO. 608 Wolfe St. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Eugene

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 44. Months_____ Days_____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O&O

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country): Md.

PARENTS

10 NAME OF FATHER George Conaway

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Md.

12 MAIDEN NAME OF MOTHER Alice Green

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Md.

14 Informant: Records

(Address) Johns Hopkins Hospital

Filed JUL 21 1926. 19 R. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 18, 1926, that I last saw h.. alive on July 18, 1926, and that death occurred, on the date stated above, at 2 50 P. m.

The CAUSE OF DEATH* was as follows:

Aneurysm of aorta.

Chronic Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnsonville Cemetery Date of Burial: July 20 26

20 UNDERTAKER: Robert T. Williams ADDRESS: 1515 McCulloh St.

DO not write in this space. Be careful to have all items answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12[illegible]—A Co.—200 Bks.

193868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12543

CERTIFICATE OF DEATH.

161-001

E 12543

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No._____ St. 22-2 Ward)

2-FULL NAME Boy Mc Hervey

(a) RESIDENCE NO. 48 E. Mount Johnson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER David Mc Hervey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Katie Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed_____ 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7th, 1926, to July 18th, 1926, that I last saw h[illegible] alive on July 18th, 1926, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Acute bacterial intestinal infection

1 hr (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? State Autopsy

What test confirmed diagnosis?

(Signed) Thomas McCormally M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

JOHNS HOPKINS HOSPITAL

UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

Be sure to carefully supply AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12544 — 1-PLACE OF DEATH

CERTIFICATE OF DEATH.

16 1/ — E 12544 — Registered No. C.....

City of BALTIMORE: (No. 542 North Carrollton Ave St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Rosita Crowell

(Residence in Baltimore: No. 542 North Carrollton Avenue St.; yrs. 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May 18 1886
(Month) (Day) (Year)

7-AGE. 40 yrs. 2 mos. 1 ds. — If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Librarian
(b) General nature of Industry, business, or establishment in which employed (or employer). Enoch Pratt Library

9-BIRTHPLACE, (State or Country). San Francisco, Cal.

PARENTS.

10-NAME OF FATHER. Jonathan Crowell

11-BIRTHPLACE OF FATHER, (State or Country). Cape Cod, Mass

12-MAIDEN NAME OF MOTHER. Frances Barnett

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard D. Bennett

(Address) 2114 Allendale Road

15- Filed JUL 21 1926 192 HAMPSON JONES, M. D. Registrar.
Per R.M.C.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 20, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by chloroform inhalation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. T. Hennessy M. D.
(Coroner.)

July 21, 1926. (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	July 21, 1926

20-UNDERTAKER.	ADDRESS
Joseph B. Cook	1003 N. Balto

8

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Gibson

12545

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-001

E 12545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 10-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney C. Gibson

(a) RESIDENCE NO. 924 Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred eight mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Lelia E Gibson

6 DATE OF BIRTH (month, day, and year): Nov 24th 1873

7 AGE: Years 52 Months 7 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Robert Gibson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Ann Corley

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Lelia E. Gibson

(Address): 924 Biddle

15 Filed JUL 21 1926

C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull + C

+ all from bur Car accidents

Contributed duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

July 21 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery Date of Burial July 22 1926

20 UNDERTAKER: George Schilling & Sons ADDRESS 1202 Pennsylvania Ave

Do not use abbreviations or catchwords. Write the cause of death as a disease or a sequence of diseases, not as a symptom or mode of dying. Such conditions as heart failure, asthenia, apoplexy, uremia, coma, convulsions, are not causes of death but rather results of causes which should be stated. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12546

CERTIFICATE OF DEATH.

113 E 12546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 S. Ellwood Ave. ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Stefan

(a) RESIDENCE NO. 1214 S. Ellwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particuiar kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Nsme of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Anthony Stefan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Krizek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Anthony Stefan

(Address) 1214 S. Ellwood Ave.

15 Filed 7-20, 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1926 to July 20, 1926.

that I last saw him alive on July 20, 1926.

and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronstein, M. D.

7-20, 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL July 22, 26

20 UNDERTAKER Thos. L. Groom & Son

ADDRESS 1906 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 12547

CERTIFICATE OF DEATH.

E 12547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 S Ellwood Ave St., 1st Ward)

2-FULL NAME Rosalia Wisniewski

(a) RESIDENCE NO. 913 S Ellwood St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5/6 yrs. — mos. ds. How long in U. S., if of foreign birth? 26 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20 - 26

7 AGE	Years	Months	Days	IF LESS than 1 day 12 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter Wisniewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Antonina Kyzyzek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bzesko Slav

14 Informant Walter Wisniewski

(Address) 913 S Ellwood Ave

15 Filed ... 19 ... Registrar

UL 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 20, 1926, that I last saw her alive on July 20, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis neonatorum

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature at 8 months

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. B. Bromishas, M. D.

7-21, 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial July 21 1926

20 UNDERTAKER: Stephen Gialkowski ADDRESS 1000 S Ellwood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 12548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12548

CERTIFICATE OF DEATH.

× 129

1-PLACE OF DEATH U.S. Marine Hospital #1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

2-FULL NAME Leonard H. Wilder

(a) RESIDENCE No. Ingleside, Va. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5, 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist.

(b) General nature of industry, business, or establishment in which employed (or employer) Artist, U.S.P.H.S.

(c) Name of employer U.S. Public Health Serv.

9 BIRTHPLACE (city or town) ..... (State or country) England.

PARENTS

10 NAME OF FATHER Leonard Wilder

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) England

14 Informant Self.

(Address)

Filed JUL 21 1926 C. HAMPSON JONES, M.D. Registrar

Per H. Weber

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to July 20, 1926, that I last saw him alive on July 20, 1926, and that death occurred, on the date stated above, at 4.05 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic.

(duration) ..... yrs. Not known mos. ..... ds.

CONTRIBUTORY (Secondary) (a) Chronic nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of —

Was there an autopsy? No. —

What test confirmed diagnosis? Physical findings and laboratory tests

(Signed) W.W. Beyton, M. D.

, 19 (Address) A.A. Surgeon, U.S.P.H.S. U.S. Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL July 21, 1926

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12549

E 12549 HEALTH DEPARTMENT—CITY OF BALTIMORE

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1814 Hilton Ave ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Schotta

(a) RESIDENCE NO. 1814 Hilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Schotta

6 DATE OF BIRTH (month, day, and year) Jan. 20-1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (37)

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Chas. Clemments

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co Md

12 MAIDEN NAME OF MOTHER Matilda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Wm L. Schotta

(Address) 1814 Hilton Ave.

15 Filed JUL 21 1926 C. HAMPSON JONES, M. D. Registrar

By ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 20, 1926.

that I last saw h.r alive on July 20, 1926,

and that death occurred, on the date stated above, at 7 20 9 m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

Endocarditis

Hypostatic Pneumonia

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination of Sputum

(Signed) Norris H Hitchcock M. D.

7/21/26 (Address) 2151 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 23 1926
20 UNDERTAKER	ADDRESS
George L. Schwartz	1808 Eutaw Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12550 ✓ E 12550

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 O Donell ST., 1-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zelda E Diggs

(a) RESIDENCE NO. 3106 O Donell ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James E Diggs

6 DATE OF BIRTH (month, day, and year) June May 10, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) — 037
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Charles Smith

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant Mrs. E Diggs
(Address) 3106 O Donell St

JL 21 1926 Filed, 19 ..... Per ..... Registrar
C. HARPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to July 21, 1926,
that I last saw h[illegible] alive on July 21, 1926,
and that death occurred, on the date stated above, at 4 0 A m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Surgical
(Signed) C. H. Harpson Jones, M. D.
July 22, 1926 (Address) 1 Rosedale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn — DATE OF BURIAL July 23 1926

20 UNDERTAKER Franklin W Seitz — ADDRESS 709 W 33 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12551 — 11-001 — E 12551

1-PLACE OF DEATH N.W. cor (Rosebery) REGISTERED NO.

City of BALTIMORE: (No.) Glen & Brook Aves (Street) 21-W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. K. Conner

(a) RESIDENCE NO. Glen & Brook Ave (Rosebery) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~: Charlotte D. Conner

6 DATE OF BIRTH (month, day, and year): May 1867

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	59	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Boat Capt.

(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Thos. K. Conner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Charlotte D. Conner

(Address) Glen & Brook Ave

15 Filed JUL 19 1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to July 18, 1926

that I last saw him alive on July 18, 1926

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ...yrs. ...mos. 3 ds.

18 Where was disease contracted —

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. A. Wright, M. D.

7/18 1926 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 7/21 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

DA 1

* OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 12552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

153 E 12552

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 9-3 WARD)

2-FULL NAME Charles R. Turner

(a) RESIDENCE No. 1903 E. 28th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Charles Turner

6 DATE OF BIRTH (month, day, and year) July 10, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vulcanizer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Johanaqurlk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Self (Address)

15 Filed JUL 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 20, 1926, that I last saw him alive on July 20, 1926, and that death occurred, on the date stated above, at 2:20 PM.

The CAUSE OF DEATH* was as follows:

Cellulitis, Septicemia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas A Dempsey, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL July 27 1926

20 UNDERTAKER Geo M. Fenwick Son — ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12553 E 12553

CERTIFICATE OF DEATH.

X118-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital ST., 14-2 WARD)

2-FULL NAME Mrs Lida Dixon Jones

(a) RESIDENCE No. Kinston, N.C, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse 048

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lenoir County, N.C.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Hosp. Records (Address)

15 Filed JUL 21 1926 19 HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1926, to July 20, 1926, that I last saw her alive on July 20, 1926, and that death occurred, on the date stated above, at 2-15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction (complete)

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Nephroptosis

(duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 3. 1926

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) J. Arthur York, M. D.

19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kinston, N.C.

DATE OF BURIAL 7/21/26

20 UNDERTAKER E. E. Fanning

ADDRESS Nov-19-26. Lafayette Ave.

Spec.—12-9-25—A Co.—200 Bks.

E 12554 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 12554

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1405 W Lanvale St., 16-6 Ward)

2-FULL NAME Rachel Hinston

(a) RESIDENCE NO. 1405 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Hinston

6 DATE OF BIRTH (month, day, and year) 1886 Unknown

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER David Washington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Francis Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Jno. W. Hinston

(Address) 1405 W. Lanvale St

C. HAMPSON JONES, M. D.

15 Filed ....., 19 .....

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1926

17

I HEREBY CERTIFY, That I attended deceased from May 18 1926, to July 19, 1926, that I last saw h alive on July 17, 1926 and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. 19 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

7-26 1926 (Address) 1612 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial July 23 1926

20 UNDERTAKER Klein & Cassard ADDRESS 405 Madison

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12555

CERTIFICATE OF DEATH.

105 E 12555

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 543 N. Barre St., 77-1 Ward)

2-FULL NAME Adam Demstaedt

(a) RESIDENCE NO. 543 N. Barre St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Demstaedt

6 DATE OF BIRTH (month, day, and year): Mar. 15. 1863

7 AGE: Years 63 | Months 4 3 | Days 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Master Tanner

(b) General nature of industry, business, or establishment in which employed (or employer): Swindell Bros

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany

PARENTS

10 NAME OF FATHER Veit Demstaedt

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant Emma Conner

(Address) 543 N. Barre St.

C. HAMPSON JONES, M. D.

15 Filed_____ 19____ Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to July 20, 1926, that I last saw him alive on July 19, 1926, and that death occurred, on the date stated above, at 2 00 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. McLenigan, M. D.

7/20 1926 (Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cem. Date of Burial: July 23 1926.

20 UNDERTAKER: Mrs. Mrs. John N. Teufel & Son ADDRESS: 801 W. Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12556 E 12556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert ST. 9-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rudolph W. Gleichman

(a) RESIDENCE NO. 3316 Ellerslie Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Cordelia M. Gleichman

6 DATE OF BIRTH (month, day, and year) June 17 1895

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	1 0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary & Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Franklin Motor Car Co

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Agustus Gleichman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mina Hoene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. Cordelia M. Gleichman
(Address) 3316 Ellerslie ave

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M. D.

1 1926 Fee ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to July 19, 1926, that I last saw him alive on July 19, 1926, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

(duration) yrs. ..... mos. ..... 7 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of July 14, 1926

Was there an autopsy? Yes Was there any [illegible] evidence of malignant disease?

What test confirmed diagnosis?

(Signed) James Arthur Wemburg, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 27 1926

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son — ADDRESS 801 W Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12557 E 12557

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 202

City of BALTIMORE: (No. South Baltimore General Hospital St. 165 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P. Dorsey.

(a) RESIDENCE NO. 1940 Edmondson Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. How long in U. S., if of foreign birth? yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Whige.	Widower.

5a If married, widowed, or HUSBAND of (or WIFE of) Anna S. Dorsey.

6 DATE OF BIRTH (month, day, and year) June 29, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Lucille Dorsey, (daughter)

(Address) 1940 Edmondson Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar

7 21 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intra ventricular Cerebral Hemorrhage Accidentally struck on back of head and neck by falling timber (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto H. Reinhardt M. D. (Coroner)

7/21 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Com Date of Burial July 22 1926

20 UNDERTAKER Wm J. Jackson & Son ADDRESS Loraine Com

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12558

CERTIFICATE OF DEATH.

3 | E 12558

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. W. 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Chester

(a) RESIDENCE NO. 41 E. Hamilton ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Chester

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Hanna Croesland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

15 Informant Hospital Records (Address)

JUL 21 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1920, to July 20, 1926,

that I last saw him alive on July 20, 1926,

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) ½ yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatlens, M. D.

7-20-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL July 22-26

20 UNDERTAKER Fred Lasahn Sons — ADDRESS Hallerton

U. S.—Write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12559

CERTIFICATE OF DEATH.

7400 E 12559

1-PLACE OF DEATH

City of BALTIMORE: (No. 1230 Edm St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Pierce Elliott

(a) RESIDENCE NO. 1230 Edm St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia

6 DATE OF BIRTH (month, day, and year) Oct 23 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of indnstry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer Retired

9 BIRTHPLACE (city or town)_____

(State or country) Balto.

PARENTS

10 NAME OF FATHER Robert Elliott

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Young

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant N. C. Elliott

(Address) 2504 Roth St.

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Per_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15 1926 to July 20 1926

that I last saw h..... alive on July 20, 1926,

and that death occurred, on the date stated above, at 2-15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 5 yrs. mos. 1 ds.

CONTRIBUTORY Cardiac Dropsy

(Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!_____

Did an operation precede death? Date of_____

Was there an autopsy?_____

What tests confirmed diagnosis?_____

(Signed) C. Hampson Jones M. D.

(Address) 1503 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oakland Cem	July 22 1926
20 UNDERTAKER	ADDRESS
H. Cohen Sons & Co	

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12560

CERTIFICATE OF DEATH.

17 E 12560

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Oliver & Caroline ST. 8-1 WARD)

2-FULL NAME George Waters

(a) RESIDENCE NO. 2404 Vondehorst ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Waters.

6 DATE OF BIRTH (month, day, and year) April 29 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	22 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Walters.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant George Waters.

(Address) 2404 Vondehurst

15 Filed 1 1926, 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to July 21, 1926, that I last saw him alive on July 21, 1926, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis · Myocarditis · Hypertension

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral · Hemorrhage -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) J. Joseph Tawney, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL [redacted] 1926

20 UNDERTAKER Wm. Cook.

ADDRESS 502 E North Ave

FAILURE TO FILE THIS CERTIFICATE WITHIN FIVE DAYS AFTER DEATH IS A MISDEMEANOR. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12561 E 12561

CERTIFICATE OF DEATH

38

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospls

CITY OF BALTIMORE: (No. Balto Md St 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson Comfort

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1898?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
28?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: do

(b) General nature of Industry, business, or establishment in which employed (or employer): Roy Man

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): District of Columbia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Balto City Hospls

(Address): Balto Md

15 Filed 1926, C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-7, 1926, to 7-20, 1926, that I last saw him alive on 7-20, 1926 and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Feldsmith M. D.

7/24 1926 (Address) Balto City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Nahma Mich — DATE OF BURIAL: July 21 1926

20 UNDERTAKER: Dame Earbi — ADDRESS: Bay

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 12562 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 17-V WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Overholt

(a) RESIDENCE NO. 445 Orchard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Thomas Overholt

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Rachel Overholt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant City Hospital Records (Address)

15 FILED JUL 21 1926 19 C. HAMPSON JONES, M. D. Registrar

Per ARK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 14, 1926, that I last saw him alive on July 19, 1926, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Infarction & Myocardial failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis Gross & Laboratory

(Signed) R. Hooper Lindt, M. D.

July 21 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL July 21/1926

20 UNDERTAKER Dan'l Easton ADDRESS 776 Pa ave

2 TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12563

CERTIFICATE OF DEATH.

× 90

E 12563

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 [illegible] St., 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Tiffy

(a) RESIDENCE NO. Westminster Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Tiffy

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant John Tiffy

(Address) Westminster Md

15 Filed JUL 22 1926 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/24 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Arrest Due to Fibrillation

Cardiac Degeneration

Not Known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Hamilton Fisher, M. D.

(Coroner)

, 1926 (Address) 3325 Patapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Krieders Westminster — Date of Burial 7/24 1926

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12564 — 400-08 — E 12564

E 12564

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Wynhurst Ave ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Kane

(a) RESIDENCE No. 106 Wynhurst Ave ST., WARD Phila Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1863

7 AGE — Years: 62 — Months: 10 — Days: 16. — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Thomas Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Bolgiano

(Address) 106 Wynhurst Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

L 22 1926 Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1926

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1926, to July 21st 1926,

that I last saw h[illegible] alive on July 21st 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Samuel J. M. Thos. Bolgiano M.D.

7/21, 1926 (Address) Towson Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phila Pa. — DATE OF BURIAL: July 22 26

20 UNDERTAKER: Henry J. Jenkins & Son — ADDRESS: Richard & Ha[illegible]

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 12565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 12565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1220 E. Fayette ST. 5-1 WARD)

2-FULL NAME Herbert Winery.

(a) RESIDENCE NO. 1223 E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) Dec. 26-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	23 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Whitfield Winery

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anastasia Joyce

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Bertha Winery (sister)
(Address) 1220 E. Fayette St

Filed JUL 22 1926, 19 C. HAMPSON JONES, M. D.
Per DK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to July 19, 1926,
that I last saw him alive on July 19, 1926,
and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. J. Carr, Jr. M. D.

July 19 1926 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemetery

20 UNDERTAKER Jno. M. Johnson

DATE OF BURIAL July 22, 1926

ADDRESS 1234 E. Chase St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12566

CERTIFICATE OF DEATH.

75 E 12566

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 E. 33 ST. 9-2 WARD)

2-FULL NAME Emma M Smith

(a) RESIDENCE No. 1703 E 33 ST., ... WARD .....

(Usual place of abode) 1703 E 33

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~

4 COLOR OR RACE White

5 Single, Married, Widowed, Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matt J. Smith

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER ~~Jane~~ Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant M Smith Behm

(Address) 1703 E 33 St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Per RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21 19 26.

17

I HEREBY CERTIFY, That I attended deceased from Jan 21 19 22 to July 21 19 26

that I last saw h alive on July 21 19 26,

and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Hemiplegia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L H Meyer Jr M. D.

7/21, 19 26 (Address) 1500 E. 33 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL July 24, 26

20 UNDERTAKER Jos. J. Iden ADDRESS 156 N. Eutaw

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12567

CERTIFICATE OF DEATH.

129 E 12567

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 Bolton St., ST., 136 WARD)

2-FULL NAME Seneca Parry Broomell

(a) RESIDENCE No. 2128 Bolton ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Broomell

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER John Broomell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Letitia Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Mr. J. D. Hull
(Address) 2603 Lynhurst Ave.

15 Filed JUL 22 1926 19 C. HAMPSON JONES, M. D.
Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 21, 1926, that I last saw him alive on July 20, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis -

(duration) 12 yrs. + mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis -
(duration) 10 yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) A. F. Robinson, M. D.

7-21 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Cemetery

DATE OF BURIAL July 23 1926

UNDERTAKER Chas. E. Francis

ADDRESS 702 Madison Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dapkus.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12568

CERTIFICATE OF DEATH.

E 12568

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (St.) 26 (Ward) 7

2-FULL NAME Elizabeth Dapkus -

(a) RESIDENCE NO. Jones Creek Spencer Md. (St.) ..... (Ward) .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Dapkus -

6 DATE OF BIRTH (month, day, and year) May 6 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~41~~ -	41	2	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Jno. Vinc. Nicholz

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country) Europe.

12 MAIDEN NAME OF MOTHER Elis Sabas

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country) Europe.

14 Informant Louis Dapkus.

(Address) 37 Kinship Rd. Dundalk.

Filed JUL 22 1926 19 .....

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926. to July 20, 1926.

that I last saw h[illegible] alive on July 20 1926.

and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis -

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Collapse of Lobe 5 months

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of July 20, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. Boyce Md., M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood 6 mo.

DATE OF BURIAL July 23 1926

UNDERTAKER Mary M. Wildefeld.

ADDRESS 5918 Eastern Ave.

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Be sure that all questions are properly answered.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 12569

REGISTERED NO. E 12569

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 S Ann St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam J Franz

(a) RESIDENCE NO. 519 S Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Franz

6 DATE OF BIRTH (month, day, and year) January 31 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Adam Franz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary Franz

(Address) 519 S Ann

15 Filed ..... 19 .....

Per ..... Registrar

C. HAMILTON JONES, Lt. R.

L 27926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to July, 1926, that I last saw h.a.l.l. alive on July 14, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of the Heart

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F. M. Vilella, M. D.

, 19 (Address) 1744 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial July 24 1926

20 UNDERTAKER Wendell Appel & Son — ADDRESS 378 Ann

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

William B Lawrence

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12570 1-PLACE OF DEATH

6-3 74-001 E 12570 REGISTERED NO. C

CITY OF BALTIMORE: (No. 20 N. Milton ave St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B Lawrence

(Residence in Baltimore: No. 20 N. Milton ave St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5- [redacted], MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July 12 (Month) (Day) 1845 (Year)

7-AGE, 81 yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sea Captain
(b) General nature of industry, business, or establishment in which employed (or employer): Do

9-BIRTHPLACE, (State or Country), Somerset Co

PARENTS.

10-NAME OF FATHER, William Lawrence

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Sheppard

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. Campbell

(Address) 20 N. Milton ave

15- Filed JUL 22 1926 16- HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1926, to July 21 1926, that I saw h[illegible]m alive on July 17 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Emboli

about (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral haemorrhage

(Duration) yrs. mos. 4 ds.

(Signed) Balph L Stout M. D.

, 1926 (Address) 26 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dear Island — DATE OF BURIAL, July 23, 1926.

20-UNDERTAKER Johannah Candelora — ADDRESS 1004 Risgnill-st

Spec.—12-9-25—A Co.—200 Bks.

12571 19 72.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 12571

CERTIFICATE OF DEATH.

X 100-001

REGISTERED NO._____

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No._____ St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William W Smith

(a) RESIDENCE NO. 104 Suffolk Ave St. Johnstown Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha.

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 58 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R. R. Trustee

(b) General nature of Industry, business, or establishment in which employed (or employer): 073

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: Robert Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: E. E. Peddicord

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed_____, 19_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 22.

17 I HEREBY CERTIFY, That I attended deceased from July 7 1926, to July 22, 1926, that I last saw h[illegible] alive on July 22, 1926, and that death occurred, on the date stated above, at 3.25 a. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 2-3 yrs. mos. ds.

CONTRIBUTORY (1) Bronchio-pneumonia

(Secondary) (2) Perivesical abscess

(duration) (1) - yrs. - mos. 4 ds.

(2) ? 20

18 Where was disease contracted if not at place of death? Not an infectious disease.

Did an operation precede death? Yes Date of July 15, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Rectal examination

(Signed) [signature], M. D.

, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown Pa Date of Burial July 23 1926

20 UNDERTAKER: [illegible] ADDRESS 470 Edmondson

JUL 22 1926 C. HAMPSON JONES, M. D. Per

Very important. See instructions on back of certificates. Exact statement of OCCUPA[illegible] may be properly classified.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12572

CERTIFICATE OF DEATH.

129 E 12572

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 16 N. Madeira St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Jerabeck

(a) RESIDENCE NO. 16 N. Madeira St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 53 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of late Anna Jerabeck

6 DATE OF BIRTH (month, day, and year) May 20/58

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	68	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Himself

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Bohemia

PARENTS

10 NAME OF FATHER Jos. Jerabeck

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Bohemia

14 Informant Frank Jerabeck

(Address) 16 N. Madeira

15 Filed JUL 22 1926 C. HAMPSON JONES, M. D. Registrar Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from May 17 1926 to July 20 1926, that I last saw him alive on July 21 1926, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 3 yrs. ___ mos. ___ ds.

18 Where was disease contracted ___

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? ___

(Signed) Edward Dorsey, M. D.

, 19 (Address) 811 Dulaney Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — Date of Burial 7/23 1926

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

CAUTION—This certificate contains the only official record of the death registered, and must be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12573

CERTIFICATE OF DEATH.

90 E 12573

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 N. Kenwood St., 9 Ward)

2-FULL NAME Cora Reiss

(a) RESIDENCE NO. 502 N. Kenwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Peter Reiss

6 DATE OF BIRTH (month, day, and year): Feb 22/71

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): Dorchester Co.

(State or country)

PARENTS

10 NAME OF FATHER: Webster

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Peter Reiss

(Address): 502 N. Kenwood Ave

JUL 22 1926 Filed ..... 19 .....

HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1923, to July 20, 1926, that I last saw h__ alive on July 20, 19__, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of July 14/26 — cholecystotomy

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

July 21, 1926 (Address) 2065 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 7/23 1926

20 UNDERTAKER: Philip Henry ADDRESS 2016 Orleans St

Very important. See instructions on back of certificates. Exact statement of OCCUPA... is property classified. ...ny be punishable by law, ...

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12574 — 74-001 — E 12574

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 Jefferson St., 7-1 Ward)

2-FULL NAME Marandal Chandler

(a) RESIDENCE NO. 1624 Jefferson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Robt Chandler

6 DATE OF BIRTH (month, day, and year) October 25 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Chas Reiseman

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Robt Chandler

(Address) 1624 Jefferson

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 26

17 I HEREBY CERTIFY, That I attended deceased from July 20, 19 26, to July 21, 19 26,

that I last saw her alive on July 21, 19 26

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Aortic Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G B Mayer, M. D.

7/21, 1926 (Address) 1500 E 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 7/24 1926

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12575

CERTIFICATE OF DEATH.

1 39 E 12575

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST., 9-1 WARD)

2-FULL NAME Ellie Erdman.

(a) RESIDENCE NO. Taylor ave - Parkville MD ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. Campbell Westbrook.

6 DATE OF BIRTH (month, day, and year) Jan. 24 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Montgomery Co.

PARENTS

10 NAME OF FATHER Jos. Beacon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co

12 MAIDEN NAME OF MOTHER Martha Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co

14 Informant J. Campbell Erdman

(Address) Taylor ave - Baltimore Parkville

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 15 1926, to July 19, 1926, that I last saw her alive on July 19, 1926, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroids.

Marked Secondary Anemia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia - Exhaustion.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of July 12 '26

Was there an autopsy? no.

What test confirmed diagnosis? Clinical - Operation

(Signed) Clement R. Worral, M. D.

, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 7/22 1926

20 UNDERTAKER George J Ruth 1735

ADDRESS Harford ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12576

CERTIFICATE OF DEATH.

90 E 12576

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. How Keyser ave ST. 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebecca Howard

(a) RESIDENCE NO. 1610 Keyser St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Parker Howard.

6 DATE OF BIRTH (month, day, and year) April 15 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna E Ruhl

13 BIRTHPLACE OF MOTHER (city or town) Balt Co (State or country)

14 Informant Parker Howard

(Address) 1610 Keyser st

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-19-26, 1926, to July 20, 1926,

that I last saw her alive on July 20, 1926,

and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

(1) Cardiac Hyp. & Dil —

(2) Hypostasis

(3) Pleural Effusion (Left)

(duration) yrs. 3 mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin signs & sympt.

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL July 23 1926

20 UNDERTAKER Geo. L. Ruth — ADDRESS 1735 Oxford Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12577 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12577

CERTIFICATE OF DEATH.

25-4 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Maryland Ave., Westport WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Napoleon Lee Watkins

(a) RESIDENCE NO. 305 Maryland Ave. Westport ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie E. Watkins

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Pensioned

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersburg, Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Leon Watkins (Son) (Address) 305 Maryland Ave. Westport

15 Filed L 2 2 1926 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from 3-1-, 1926, to July 19, 1926, that I last saw h— alive on July 19, 1926, and that death occurred, on the date stated above, at 3. 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clifford Dorr, M. D.

, 19 (Address) 227 Westport

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 22 1926

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Md Ave Westport

FOLD IN at least one of these lines. It is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12578 E 12578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #1939 W.Fayette ST 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence G.Sill

(a) RESIDENCE NO. 1939 W.Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER Henry A Sill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary E Terry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Victor A Sill

(Address) 211 N Monroe St

15 Filed JUL 22 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1925 to July 20, 1926

that I last saw her alive on July 20, 1926

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus

About (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Duvall M. D.

(Address) #1817 N.Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 23 1926

20 UNDERTAKER: George J Smith — ADDRESS: 1332 Fulton

TION is very important. See instructions on back of certificates.

Spec.—12-[illegible]-A Co.—200 Bks.

1939 E 12579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12579

CERTIFICATE OF DEATH.

+ 113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St., 7-1 Ward)

2-FULL NAME James Thomas

(a) RESIDENCE NO. Sparrows Pt. Rd St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER James Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Webb

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Records

(Address) Johns Hopkins Hospital

15 Filed JUL 22 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 18th 1926 to July 20th 1926, that I last saw h[illegible] alive on July 20th 1926, and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal Enterocolitis.

(duration) C yrs. mos. ds.

CONTRIBUTORY Pneumonia

(Secondary)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab methods

(Signed) Frank R. Smith, Jr., M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial July 19. 1926

20 UNDERTAKER Mac R A Elliott ADDRESS 1726 Ashland Av

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 12580

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 32 WARD)

2-FULL NAME Anna Lollod

(a) RESIDENCE NO. 23 S. Bond St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of Industry, business, or establishment in which employed (or employer) 561

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Morris Lollod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie Lollod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Lollod (Address) 23 S Bond St

15 Filed ....., 19.... G. HAMPSON JONES, M. D. Registrar

L22 1926 RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1926, to July 22, 1926,

that I last saw h.. alive on July 22, 1926,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of left femur

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Enanthon

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? New York

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Y. Hamilton M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	July 1926

20 UNDERTAKER Jacob Lewis ADDRESS 1434 E Balt

FROM is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12581

CERTIFICATE OF DEATH.

E 12581

REGISTERED NO. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2909 Allendale Road 15-4 Ward)

2-FULL NAME Sarah Goronzik

(a) RESIDENCE NO. 2909 Allendale Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Goronzik

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 67 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of indnstry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Perman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Hutkans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Robert Goronzik

(Address) 2909 Allendale Road

15 Filed JUL 22 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20—26 19

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 20, 1926, that I last saw h.. alive on July 19, 1926, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy - (Cerebral Hemorrhage)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. W. Bourey, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Am Date of Burial: July 23 19 26

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E Baltimore Street

very important. See instructions on back of certificates. STATEMENT OF OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12582

E 12582

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 10-2 WARD)

2-FULL NAME Alphonsus John Mukelbach.

(a) RESIDENCE NO. 1121 Central Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? Life mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Mukelbach

6 DATE OF BIRTH (month, day, and year) Aug 31 1900

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Local Union No 28

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Peter Mukelbach

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Dorothy Ulbrich

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Sadie Mukelbach (Address) 1121 N. Central Ave

15 Filed JUL 22 1926 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1925 to July 21, 1926, that I last saw him alive on July 21, 1926, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tubercular Deposition — Pulmonary Tuberculosis & Left Hip.

(duration) D 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Femoral Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. Caywood M. D.

7/27, 1926 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL July 24th 1926

20 UNDERTAKER Henry Horck Son ADDRESS 1301 E Eager

How to be very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

"Duplicate"

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12583

CERTIFICATE OF DEATH.

31

E 12583

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 N Fremont Av St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellsworth Johns

(a) RESIDENCE NO. 709 N Fremont Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Johns

6 DATE OF BIRTH (month, day, and year) 10-10-78

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
48	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.

(State or country) Md

PARENTS

10 NAME OF FATHER Frederick Johns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Deborah Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mabel Johns

(Address) 709 Fremont Ave

15 Filed 7-22 1926 G. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7-19-26

17

I HEREBY CERTIFY, That I attended deceased from 7-17-, 1926, to 7-19, 1926, that I last saw h\~~im~~ alive on 7-18, 1926, and that death occurred, on the date stated above, at 4:55 a.m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Pneumonia

Duration) yrs. mos. 5 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. L. Jackson M. D.

7-21-1926 (Address) 709 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Pikesville Auburn Cem July 22nd 26

20 UNDERTAKER ADDRESS 578

Samuel H. Handley Middle

very important. See instructions on back of certificates. NATURE OF OCCUPATION IS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12584 CERTIFICATE OF DEATH E 12584

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd St., WARD) 15-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lydia M. Browne

(a) RESIDENCE No. Windsor Court Apts. ST., WARD

(Usual place of abode) Walbrook City, Md.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 8, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph K. Browne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna M. Crook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Union Memorial Hsp Records.

(Address)

15 Filed C. HAMPSON JONES, M.D. Registrar

Per H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 21, 1926, that I last saw her alive on July 21, 1926, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 6 or 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical signs.

(Signed) H. D. Hamuch M. D.

. 19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL July 24 1926

20 UNDERTAKER John W. Mitchell ADDRESS 1201 W. Fayette St.

FROM is very important. See instructions on back of certificates.

Spec.—12-1925—A Co.—200 Bks.

12585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12585

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl In. Lewis

(a) RESIDENCE NO. Roland Park Apartments St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Dean Lewis

6 DATE OF BIRTH (month, day, and year) unk

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. H. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Ind.

PARENTS

10 NAME OF FATHER ____

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) ____

12 MAIDEN NAME OF MOTHER ____

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) ____

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JUL 22 1926 ____ Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 18th 1926, to July 21, 1926, that I last saw h[illegible] alive on July 21, 1926 and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of G.I tract, probably stomach
Generalized Peritoneal Carcinosis
Ascites - Cachexia

(duration) ____ yrs. 10 mos. 21 ds.

CONTRIBUTORY (Secondary) Starvation and Exhaustion

(duration) ____ yrs. 1 mos. 21 ds.

IS Where was disease contracted if not at place of death? Probably in Chicago, Ill.

Did an operation precede death? yes Date of two or three June 20th

Was there an autopsy? no

What test confirmed diagnosis? Operative findings + Microscopic

(Signed) George H. Gardner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill. Date of Burial July 22 1926

20 UNDERTAKER John O. Mitchell ADDRESS 201 N. Paca

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12586

CERTIFICATE OF DEATH.

90 E 12586

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2110 Mt. Holly St. 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie W. Nasanowitz

(a) RESIDENCE NO. 2110 Mt. Holly St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Nasanowitz

6 DATE OF BIRTH (month, day, and year) April 1851.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Samuel H. Willner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Herzfeld

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Rabbi Wolff Willner

(Address) Frederick, Md.

Filed JUL 22 1926 HAMPSON JONES M. D.

By RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 20, 1926, that I last saw h[illegible] alive on July 20, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: Hypostatic pneumonia. Arteri-sclerosis with cardiac decompensation and failure

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

cancer (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Bauer, M. D.

7/21, 19 (Address) 2202 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Friendship Cemetery	7/22/ 1926

20 UNDERTAKER David Sondheim

ADDRESS 115-25 W. Fayette St. Royal Ave.

Very important. See instructions on back of certificates. NATURE AND CAUSE OF OCCUPATION Is

Cor.—12-9-25—A Co.—200 Bks. Madeleine Sunderland

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12587

CERTIFICATE OF DEATH.

E 12587

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Madeline Sunderland

(a) RESIDENCE NO. 1208 Beachwood Rd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1919

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	6	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER James Sunderland

11 BIRTHPLACE OF FATHER (city or town) ...

(State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie Tucker

13 BIRTHPLACE OF MOTHER (city or town) ...

(State or country) Md.

14 Informant James Sunderland.

(Address) 1208 Beachwood Rd.

Filed JUL 22 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet through Liver & Abdomen, Cutting several coils of bowels, accident by child 4 yrs. old (duration) ... yrs. ... mos. 3 days

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ... yrs. ... mos. 3 ds.

(Signed) James M. Fenlon, M. D.

(Coroner)

7 20 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.,....mos.,....ds. In the State ....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St. Johns Cem. Hollywood Md. July 23 1926

20 UNDERTAKER — ADDRESS

Leiby and Zeiler 403 S. Wolfe St.

Very Important. See instructions on back of certificate.

For Statistical Purposes Only. See Instructions on Back of Certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12588

CERTIFICATE OF DEATH.

46 E 12588

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 640 S. Kenwood Ave - 2 St., ____ Ward)

2-FULL NAME Minnie Gutsmiedl.

(a) RESIDENCE NO. 640 S. Kenwood Ave St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 34 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John Gutsmiedl

6 DATE OF BIRTH (month, day, and year) Jan. 4 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Austria

PARENTS

10 NAME OF FATHER Anton Eisenranch

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Austria

12 MAIDEN NAME OF MOTHER Maria Schambeck

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Austria

14 Informant John Gutsmiedl

(Address) 640 S. Kenwood Ave

15 Filed ____ 19____

JUL 22 1926

____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 4/1, 19 26, to 7/20, 19 26,

that I last saw h__ alive on 7/20, 19____,

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Carcinoma Uteri

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ___ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) H. J. Francis M. D.

(Address) 2939 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial July 23 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Very Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12589

CERTIFICATE OF DEATH.

100 E 12589

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 76-7 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Zimmerman or Zimmerman

(a) RESIDENCE NO. Balto. City Hospital St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 -				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Day) -

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany.

PARENTS

10 NAME OF FATHER Gustav Zimmerman

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant .....

(Address) .....

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

JUL 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 17, 1926, that I last saw him alive on July 17, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

Purulent Cystitis & Cancer

Bladder

Contributory ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Clinical Signs & Exploratory

(Signed) ..... M. D.

..... 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

JUL 22 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12590

CERTIFICATE OF DEATH.

31

E 12590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., No. 166 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hilton

(a) RESIDENCE NO. 927 Parrish st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Amos Hilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

Filed JUL 22 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to July 19, 1926,

that I last saw him alive on July 19, 1926,

and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

Tuberculous Sentinitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. E. Gattens M. D.

7-19-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

J. C. HAMPSON JONES, M. D.
Commissioner of Health

0515

Spec.—1-10-21—M&T—1500 Bks.

E 12591 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12591

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leander Fields

(a) RESIDENCE NO. 508 La Fayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Hardy Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va —

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va —

14 Informant Hardy Fields

(Address) 508 Lafayette Ave

15 Filed JUL 22 1926 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 5, 1925 to July 20, 1926.

that I last saw him alive on July 20, 1926

and that death occurred, on the date stated above, at 1 38 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tuberculosis-

Cavalgia Right (1 yr duration)

yrs. mos ds.

CONTRIBUTORY —

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. B. Cheevers M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon

DATE OF BURIAL July 23 1926

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1463 N. Carey

Sp[illegible] 500 Blks.

1951 12592

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-00 E 12592

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. 5-1 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constanca Capezzi

(a) RESIDENCE NO. 257 East St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months: 7 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto.

PARENTS

10 NAME OF FATHER Carl Capezzi

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER Camilla Rotolo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Mrs. Do

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 22 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from May 12 1926, to July 21, 1926

that I last saw h. alive on July 21, 1926

and that death occurred, on the date stated above, at 7-0 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Lung Abscess

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinic path.

(Signed) Alexander McCaffrey, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial July 24 1926

20 UNDERTAKER: Hurst & Evans — ADDRESS 1906 Eutaw

Key important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12593

CERTIFICATE OF DEATH.

29-001 E 12593

REGISTERED NO._____

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 2-1

City of BALTIMORE: (No._____ St._____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Wieber

(a) RESIDENCE NO. 413 S. Regester St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box maker

(b) General nature of industry, business, or establishment in which employed (or employer) factory

(c) Name of employer unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Thomas Wieber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Suzanne —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant_____

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 24 1926 C. HAMPSON JONES, M. D. Registrar

per ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to July 21, 1926, that I last saw h~~im~~ alive on July 21, 1926, and that death occurred, on the date stated above, at 7:45 P.m.

The CAUSE OF DEATH* was as follows:

Tetanus (Trau.)

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary) —

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus July 24 1926

20 UNDERTAKER — ADDRESS

John M Weber 1803 Banks

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 12594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12594

CERTIFICATE OF DEATH.

47

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Luzerne ave. ST. 7-3 WARD)

2-FULL NAME Mary M. Murphy

(a) RESIDENCE No. 604 N. Luzerne ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) M

5a If married, widowed, or divorced [redacted] OF (or) WIFE of Jno M. Murphy

6 DATE OF BIRTH (month, day, and year) May 5-1874

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Peter F. Laherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Nellie F. Laherty

(Address) 604 N. Luzerne ave

15 Filed ..... 19 ..... Per ..... C. THAMPSON JONES, M. D. Registrar

2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26 1926 to July 20 1926

that I last saw her alive on July 20 1926

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) yrs. 6 mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Edgar P. Sandrock, M. D.

19 (Address) 15 West Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 7/24/26

20 UNDERTAKER J. G. Moran

ADDRESS 3 E. Biddle St

Spec.—1-10-21—M&T—1500 Blks.

E 12595 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12595

CERTIFICATE OF DEATH.

161-80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Goldberg

(a) RESIDENCE NO. 306 S Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/21/26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Harry Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Dolins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital

(Address)

15 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to ....., 19....

that I last saw her alive on July 22, 1926

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrersmach Road

DATE OF BURIAL 7/23 1926

20 UNDERTAKER Jack Levin's

ADDRESS 1439 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

12596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12596

CERTIFICATE OF DEATH.

12-4 8

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 422 E 25th St St.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harry Leroy Thomas

(a) Residence No. 422 E. 25th St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edna V Thomas

6-DATE OF BIRTH (month, day and year) February 26th 1897

7-AGE. 29 yrs. 4 mos. 25 21 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Advertising Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Balto. Sun Papers

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Harry C. Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto.

12-MAIDEN NAME OF MOTHER. Florence Steele

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto.

14- (Informant) Harry C. Thomas

(Address) 422 E. 25th St.

15- Filed C. HAMPSON JONES, M. D. Registrar.

21926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 21st 1926

17- I HEREBY CERTIFY, That I attended deceased from July 16th 1926 to July 21st 1926.

that I last saw h.. alive on July 21st 1926

and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Scarlet Fever

.....(Duration).....yrs.....mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Stephenson M. D.

7/21/1926 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL, 7/23 19 26

20-UNDERTAKER. Wm Cook

ADDRESS. 502 E. Watt

Spec.—12-9-25—A Co.—200 Bks.

E 12597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12597

CERTIFICATE OF DEATH.

49

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3721 Roland Ave St., 13-4 Ward)

2-FULL NAME Katherine A. Shower

(a) RESIDENCE NO. 3721 Roland Ave St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 27-1858

7 AGE	Years	Months	Days	If LESS than 1 day....hrs. or....min.
	67	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co

(State or country) Maryland

PARENTS

10 NAME OF FATHER Adam Shower

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Geiger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. Leonard T. Shower

(Address) 3721 Roland Ave.

15 Filed C. HAMPSON JONES, M. D.

2 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 20-26

17

I HEREBY CERTIFY, That I attended deceased from July, 19 26, to July 20, 19 26

that I last saw her alive on July 20, 19 26

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Wm. R. Dodd, M. D.

2/21, 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial July 23 1926

20 UNDERTAKER Horace A. Burgee ADDRESS 3631 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 12598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12598

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4214 Mass Ave ST. 20-1 WARD)

2-FULL NAME Franklin M. Woolf

(a) RESIDENCE NO. 4214 Mass Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie E. Woolf

6 DATE OF BIRTH (month, day, and year) Sept 15-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER H. L. P. Woolf

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Caroline Maxine

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Florida

14 Informant Katie E Woolfe
(Address)

15 2 1926 16 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1912 to July 22 1926
that I last saw him alive on July 21 1926
and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Heart Failure
due to Chronic Myocarditis
(duration) 14 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asystole Immediate
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

7/22, 1926 (Signed) Henry J. Huber, M. D.
(Address) 2157 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	July 24 1926
20 UNDERTAKER	ADDRESS
H. Allen Fuller	2902 Garrison Av

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12599

CERTIFICATE OF DEATH.

131 E 12599

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1838 Druid Hill Ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Williams

(a) RESIDENCE NO. 1838 Druid Hill Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isiah William

6 DATE OF BIRTH (month, day, and year): April 26-1849

7 AGE: Years 77 | Months 2 | Days 25 21 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: Levi Fossett

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary J. Nelson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Frankes Williams

(Address): 1632 Division St

15 Date: 1926 Per

C. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19 26 to July 21 19 26

that I last saw h.Er alive on July 21, 19 26

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal Insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Uranalysis

(Signed) H S McCard, M. D.

7/27 19 26 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

Date of Burial: 7/24/1926

20 UNDERTAKER: Mrs. Geo. E. Holland

ADDRESS: 1634 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 12600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12600

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Watts

(a) RESIDENCE No. 2408 W Baltimore St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Watts

6 DATE OF BIRTH (month, day, and year) Aug 4 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Augustus Watts (Address) 2408 W. Baltimore St

15 C. E. THOMPSON JONES, M. D. Registrar

2 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19 - 1926 to July 22 1926, that I last saw her alive on July 22 1926 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

1. Chronic diffuse nephritis with hypertension.

Cardiac hypertrophy and dilatation

Arteriosclerosis (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) E. M. Coons, M. D.

, 19 (Address) Franklin Square Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 24 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Blks.

E 12601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12601

CERTIFICATE OF DEATH.

117

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 19-21 WARD)

2-FULL NAME Dora M. Armstrong

(a) RESIDENCE NO. 1337 Ramsay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Armstrong

6 DATE OF BIRTH (month, day, and year) Aug 8. 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elkridge Md

PARENTS

19 NAME OF FATHER Oliver Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Paul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles H. Stricker
(Address) 1337 Ramsay St

15 Filed ..... C. HAMPSON JONES, M. D.
Registrar

JUL 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17

I HEREBY CERTIFY, That I attended deceased from 4-4 1921 to 7-9 1926, and from 7-9 1926 to 7-21 1926, that I last saw h..... alive on July 21, 1926, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess, Empyema Left Lung

(duration) yrs. 3 mos 20 ds.

CONTRIBUTORY (Secondary) Senile Pneumonia & Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 4-23-26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Philip Carlson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL July 24, 26

20 UNDERTAKER Mr. & Mrs. J. W. Lenfest & Son — ADDRESS 801 W. Fayette

Spec.—12-9-25—A Co.—200 Bks.

(Knorr)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12602

CERTIFICATE OF DEATH.

90 E 12602

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1744 Orleans St. St., 6-1 Ward)

2-FULL NAME Mary E. Knorr.

(a) RESIDENCE NO. 1744 Orleans St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Knorr.

6 DATE OF BIRTH (month, day, and year) April 7-37

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	89	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Moore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Maria Landendorf

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Mrs. Ida E. Baker Daughter

(Address) 1744 Orleans.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per A. H. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 21 1925, to July 20, 1926, that I last saw h[illegible] alive on July 18, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 6 mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Fidler M. D.

7/23 1926 (Address) 9369 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltimore Cem. July 23rd 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12603

CERTIFICATE OF DEATH.

31 E 12603

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 S. Clinton St. St. 26-5 Ward)

2-FULL NAME John A. Fleckenstein

(a) RESIDENCE NO. 705 S. Clinton St. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Fleckenstein

6 DATE OF BIRTH (month, day, and year) Nov 10 - 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Fleckenstein

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Doenling.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Mary Fleckenstein

(Address) 705 S. Clinton St.

15 Filed 2 1926 C. HAMPSON JONES, M. D. Per R K H Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 19 26 to July 30 19 26, that I last saw him alive on July 30, 19 26 and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) ___ yrs. 5 mos. ___ ds.

CONTRIBUTORY _____

(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? — Date of _____

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Love M. D.

7/27/26 (Address) 644 W Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial July 23 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12604

CERTIFICATE OF DEATH. X 60-001

E 12604

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

City of BALTIMORE: (No. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lisle

(a) RESIDENCE NO. 211 3rd St. Roanoke-Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Roanoke - Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926 to July 22, 1926, that I last saw h.[illegible] alive on July 22, 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Hyperthyreoidism

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of July 21. 1926

Was there an autopsy? yes

What test confirmed diagnosis? Basal metabolism

(Signed) H H Merritt, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roanoke Va — Date of Burial 7/23/26

20 UNDERTAKER: Joseph Adrens — ADDRESS 221 Berry

Spec.—12-9-25—A Co.—200 Bks.

Leuker.

1931 97.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12605

CERTIFICATE OF DEATH.

† 84 E 12605

1-PLACE OF DEATH Johns Hopkins Hospital

City of BALTIMORE: (No. ____ St., 7-1 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta Leuker

(a) RESIDENCE NO. Box 22 Manchester St. Ward Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 Color or Race white

5 Single, Married, Widowed, or Divorced, (write the word) married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE Years 30 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. H. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa -

PARENTS

10 NAME OF FATHER Rev. J. H. Thamfold.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Elizabeth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Records

(Address) Johns Hopkins Hospital

Filed JL 23 1926 H. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 18 19 26 to July 22 19 26, that I last saw h.e alive on July 22 19 26 and that death occurred, on the date stated above, at 7.52 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor. Benign.

Glioma Cerebellar.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 20, 26

Was there an autopsy? no. Operation

What test confirmed diagnosis?

(Signed) J. D. Hunt, M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial 7/27/26

20 UNDERTAKER Geo. A. Tarby & Sons ADDRESS Baltimore, Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2606

CERTIFICATE OF DEATH.

46 E 12606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 N. Wolfe ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phoebe Elizabeth Carter

(a) RESIDENCE NO. 1534 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Carter,

6 DATE OF BIRTH (month, day, and year) June 23, 1877

7 AGE: Years 49 Months 1 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co (State or country) Md.

PARENTS

10 NAME OF FATHER William Beard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Swadner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robert Carter

(Address) 1534 N. Wolfe St

15 Filed , 19 HAMPSON JONES, M. D. Registrar

JUL 23 1926 R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926 to July 23, 1926, that I last saw h[illegible] alive on July 22, 1926 and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Uterus)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 4, 26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Forte, M. D.

, 19 (Address) 1454 Fulton St, Phila

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Liberty town Md

DATE OF BURIAL: July 24 1926

20 UNDERTAKER: Powell & Albaugh

ADDRESS: Libertytown Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12607 — CERTIFICATE OF DEATH. — 1924 — E 12607

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 112 Colvin St. 5-1 Ward)

2-FULL NAME Joseph Lahase

(a) RESIDENCE NO. 112 Colvin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lahase

6 DATE OF BIRTH (month, day, and year) unknown Nov 30 1868

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
57	55	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) odd jobs

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) St Mary's Co Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Prince George's

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Prince Georges

14 Informant Mrs Harriett Briscoe

(Address) 1816 N. Alley

15 Filed July 23 1924 G. HAMPDEN JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1924

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1924, to —, 19—, that I last saw h... alive on July 22, 1924, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heart trouble

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Clyde Jones, M. D.

(Address) 2017 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Olive Cemetery Md. 7/24 1924

20 UNDERTAKER — ADDRESS

Mrs Chas G Bailey 1421 Jefferson

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12608

CERTIFICATE OF DEATH.

161-002

E 12608

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Baby" Jones

(a) RESIDENCE NO. Mt Washington Heights. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) July 22/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Sudasill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wm Jones

(Address) Mt. Washington Hts

15 Filed 3 1926 G. HAMPSON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage- at birth

(Breech Presentation)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Ballou M. D.

(Coroner)

7/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Mary's Hampden July 13 1926

20 UNDERTAKER ADDRESS

Ehrenwerth Hodson 3615 Chestnut Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12609

CERTIFICATE OF DEATH.

74-001

E 12609

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2808 (St.) Remington ave (Ward) 12-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hall

(a) RESIDENCE NO. 2808 Remington ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown 1867

7 AGE: Years 59; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: George Hicks

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Francis Hall

(Address) 2808 Remington ave

15 Filed 7-29 1926 HAMPSON JONES, M. D. Registrar

Per H H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16 1926, to July 20 1926, that I last saw h... alive on July 20 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy—

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. Gardner Simpkins M. D.

July 23 1926 (Address) 1534 - O. H. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — Date of Burial: July 23 1926

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1325 Ashland ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12610 .

CERTIFICATE OF DEATH.

47 E 12610

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Cairo ST. 14-1 WARD)

2-FULL NAME Mrs. Lelia Peters

(a) RESIDENCE NO. 1703 Cairo ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Peters

6 DATE OF BIRTH (month, day, and year): — — 1878

7 AGE — Years: 48 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: Mrs. Bradbury Co.

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Beverly Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Franciston Co. Va

12 MAIDEN NAME OF MOTHER: Adaline Burrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: John Smith
(Address): 1703 Cairo

15 Filed 1926 Registrar: KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31st 1926, to July 31st 1926

that I last saw her alive on July 31st 1926

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Operation-Removal of Breast

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of June 3rd 1926

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jas E Gill, M. D.

7/21-1926 (Address) 713 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Md

DATE OF BURIAL: July 23 1926

20 UNDERTAKER: Jno. W. Chase & Son

ADDRESS: 1400 Mosher

21 HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 12611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 522 N. Eden St St. 5-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Chisley

(a) RESIDENCE NO. 522 N. Eden St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
62	64	10	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Co

(c) Name of employer Sparrows Pt

9 BIRTHPLACE (city or town)

(State or country) A.A.Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Alberta "orsey

(Address) 522 Spring Ave St

Filed 7-23 1926 C. HAMPSON JONES, M. D.

Per RC Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. H. Cates M. D.

(Coroner)

7/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial July 23 1926

20 UNDERTAKER Sanson & Chase Sons ADDRESS 1402 North Ave

Spec.—1-10-21—M&T—1500 Bks.

Dr Loughlin
Roland & 37th

E 12612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12612

CERTIFICATE OF DEATH.

32

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 Roland ave ST. 27-6 WARD)

2-FULL NAME Minerva S. Cole

(a) RESIDENCE NO. 319 Roland ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. W. Cole

6 DATE OF BIRTH (month, day, and year) Apr 6-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	3	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... at home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph A.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Von Schweer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary A. McDonough
(Address) 319 Roland ave

15 Filed JUL 23 1926 — H. HAMPSON COATES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY That I attended deceased from May 1 1926 to July 21 1926 that I last saw her alive on July 21 1926 and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Potts Disease

(duration) 20 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Typical signs

(Signed) C. F. Cullen M. D.

(Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	July 24 1926
20 UNDERTAKER	ADDRESS
F. A. Swanson & Son.	703 Hamp

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12613

CERTIFICATE OF DEATH.

E 12613

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 St. Helen Ave St. Ward) Hanover 7-7-12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Fales

(a) RESIDENCE NO. 19 St Helen Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Fales

6 DATE OF BIRTH (month, day, and year) May 2/1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Fales

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Hester Thorton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs H. Cameron

(Address) 19 St Helen Ave

15 Filed JUL 23 1926 HAMPSON HOWE M. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion-4hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. H. Fales M. D.

(Coroner)

7/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Date of Burial July 24 1926

20 UNDERTAKER F. A. Krause & Son ADDRESS 703 Hamm

Cor.—12-9-25—A Co.—200 Bks.

E 12614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12614

31

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1036 N. Stricker St. 16-6 Ward)

2-FULL NAME Kate Rich

(a) RESIDENCE NO. 1036 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 7, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Philip Rich

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Philip Rich

(Address) 1036 N. Stricker St.

15 Filed JUL 23 1926 19 HARRISON JONES, DEPUTY

For Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Nevius M. D.

(Coroner)

July 23, 19 26 (Address) 210 Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cmty Date of Burial 7-23 1926

20 UNDERTAKER George T. A. Gibson ADDRESS 1733 Lanvale H.G. Co.

Spec.—1-10-21—M&T—1500 Bks.

E 12615 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 12615

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp ST. 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Arnold

(a) RESIDENCE NO. 216 N 1st St. Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — fair

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ann Arundel Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Israel Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ann Arundel Co.

12 MAIDEN NAME OF MOTHER Eliza Wells

13 BIRTHPLACE OF MOTHER (city or town) Ann Arundel Co. (State or country)

14 Informant Self.

(Address)

Filed JUL 23 1926 C. HAMPSON JONES, M. D. Registrar

By R. A. W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to July 21, 1926, that I last saw h[illegible] alive on July 21, 1926, and that death occurred, on the date stated above, at 8:22 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pelvis (bladder uterus) with metastasis.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Card. Decompensation.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins M. D.

, 19 (Address) Mt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL July 23 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec—12-23-24—5,000 B.R.S.—400 Eks.

E 12616

E 12616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

City of BALTIMORE: (No. 1106 Stanbury St., 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie May Fulton

(a) Residence No. 1106 Stanbury St., 21 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/a yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-Sex: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Andrew G Fulton

6-DATE OF BIRTH (month, day and year): Mar. 30, 1884

7-AGE: 4 yrs. - 3 mos. 19 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Htw.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Chas Stewart

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Emily Stewart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14- (Informant): A. Fulton

(Address): 1106 Stanbury

JUL 23 1926

C. HAMPSON JONES, M.D. Registrar.

By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 20. 26

17- I HEREBY CERTIFY, That I attended deceased from July 1 - 26 to July 20 19 26

that I last saw h[illegible] alive on July 20 19 26

and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(Duration) [illegible] ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Section

(Signed) John G Schwamm M.D.

(Address) 1 W Mt Vernon Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Ivy Hill Cemetery Laurel	July 23 1926
20-UNDERTAKER Vid Ante.	ADDRESS
John F. Denny	715 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 12617 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12617.

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Payson St. 20-4 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sallie Stansbury.

(a) RESIDENCE No. 410 S. Payson St. 1 St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Stansbury

6 DATE OF BIRTH (month, day, and year) Dec. 12-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	47	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (37)

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md

PARENTS

10 NAME OF FATHER John Pouder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Evaline Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Blaze Stansbury

(Address) 410 S. Payson St

15. Filed JUL 23 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 21, 1926,

that I last saw her alive on July 21, 1926,

and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

& hemiplegia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. Heron Hunter, M. D.

7/21 1926 (Address) St. Agnes' Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Finksburg Carroll Co. Md	July 23 1926
20 UNDERTAKER	ADDRESS
George L. Schwab	1101 Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

E 12618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 12618

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2203 Callow ave St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Gerber

(a) RESIDENCE NO. 2203 Callow St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kalmon Gerber

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Mrs Morris Friendly

(Address) 2203 Callow ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

L 23 1926 By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 1926, to July 22, 1926, that I last saw her alive on July 22, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. bronchitis; chr. nephritis; diabetes

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & lab.

(Signed) Isidor L. Levy, M. D.

July, 1926 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rey Date of Burial Jul 23 1926

20 UNDERTAKER Jack Lewis ADDRESS 1539 E Baltimore

E 12619

E 12619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED E 12619

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 Weathersville Road St. 28-3 Hillsdale, Md Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy Bowen

(a) RESIDENCE NO. 118 Weathersville Rd. St. Hillsdale, Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 26, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Hillsdale, Maryland

PARENTS

10 NAME OF FATHER William G. Parrish

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth A. Rimey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant William W. Parrish

(Address) 118 Weathersville Rd. Hillsdale, Maryland.

15 Filed JUL 23 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1926 19

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 1926, to July 22, 1926, that I last saw h-im alive on July 22, 1926 and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. C. Smith, M. D.

7/23 1926 (Address) 4509 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greene Lawn Cem. Date of Burial July 24, 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Bond St

Spec.—1-10-21—M&T—1500 Bks.

E-12620

E 12620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 12620

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 9-3 WARD)

2-FULL NAME Gregory E Cox

(a) RESIDENCE NO. 2901 Mathews ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mrs Rose Cox.

6 DATE OF BIRTH (month, day, and year) May 28 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	3	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector 086

(b) General nature of industry, business, or establishment in which employed (or employer) Paving Work

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Martinsburg

(State or country) W. Va.

PARENTS

10 NAME OF FATHER Jones Cox

11 BIRTHPLACE OF FATHER (city or town) Martinsburg

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Matilda Murray

13 BIRTHPLACE OF MOTHER (city or town) Hancock

(State or country) Md

14 Informant Mrs Hope Reeves

(Address) Mt Hope

15 Filed L 23 1926 19 Per RK Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to July 21, 1926.

that I last saw h alive on July 21, 1926

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Paresis

(Cerebral Syphilis)

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Enteritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann.

(Signed) Milton P. Dell, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL July 24 1926

UNDERTAKER Frank A. Fisch ADDRESS 915 E. Lacy Ave

Spec.—1-10-21 M&T 1500 Bks.

E 12621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12621

E 12621

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 9-6 WARD)

2-FULL NAME Jeanette Ferguson

(a) RESIDENCE No. 1716 Holbrook ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elphalet P. Ferguson

6 DATE OF BIRTH (month, day, and year) about 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
about	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll County Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Balto Co Md

14 Informant City Hospital Records (Address)

15 Filed July 29 1926 19 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 22, 1926.

that I last saw h.. alive on July 22, 1926

and that death occurred, on the date stated above, at 10 15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Hypertension

Residual Hemiplegia (Right)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) R. Stoopendahl, M. D.

July 27 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vernon Cem. Whitehall

DATE OF BURIAL July 29 1926

UNDERTAKER Wm. Cook

ADDRESS 502 E Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12622.

CERTIFICATE OF DEATH.

E 12622

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1323 Hilonia Co. St. Harlem Ln.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Redfield

(a) RESIDENCE NO. 1323 Hilonia St. Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) May 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Balto

PARENTS

10 NAME OF FATHER William Redfield

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Ireland

14 Informant Alice Redfield

(Address) 1323 Baltimore

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

JUL 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 21, 1926; that I last saw h.. alive on July 20, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 year yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. Jones, M. D.

7/26 (Address) 3 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial July 24 1926

20 UNDERTAKER W. C. Holt ADDRESS 602 E. Pratt

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12623 E 12623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 22 Lombard St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

2-FULL NAME John Raymond Jacobs. (Raymond John Jacobs)

(a) RESIDENCE No. 2431 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15. 1911

7 AGE — Years: 15 — Months: 6 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER John Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katherine Vogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant John Jacob

(Address) 2431 E Monument St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to July 22, 1926

that I last saw h alive on July 22, 1926

and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebellar Tumor

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-8-26 7-22-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm C. Poland, M. D.

, 19 (Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL July 26 1926

20 UNDERTAKER H. M. Cook — ADDRESS 502 E Fayette

Spec.—1-12-23—M&T—500 Bks.

12624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12624

CERTIFICATE OF DEATH.

E 12624

REGISTERED NO. DEATH

CITY OF BALTIMORE: (No. 5316 Dennonc Ave ST. 27-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Knauff Paul

(a) RESIDENCE NO. 5316 Dennonc ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Feb 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
X	1	5	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Albert F Knauff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Helen Horney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Father

(Address) 5316 Dennonc Ave

FILED JUL 23 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1926, to July 22, 1926, that I last saw him alive on July 22, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Convulsion

(duration) yrs. — mos — ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Charles F Wells M. D.

, 19 (Address) 5242 Park Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb. 24 1926
20 UNDERTAKER	ADDRESS
Edmund W Conklin	924 E Eager St.

12625

E 12625

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH 194

E 12625

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1827 Clifton St. 15-11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hyman Miller

(Residence in Baltimore: No. 1827 Clifton ave. St.: yrs. 1/2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: June 11 (Month), (Day), 1925 (Year)

7 AGE: yrs. 1 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9 BIRTHPLACE (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Sam Miller

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Jennie Wachter

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Miller

(Address) 1827 Clifton Ave.

15. Filed JUL 23 1926, 191.. C. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 23rd (Day), 1926 (Year) ~~191~~

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1926, ~~191~~, to July 23rd 1926, ~~191~~, that I saw him alive on July 23rd, ~~191~~ 1926 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
Child weighed 3 lbs. at birth.

(Duration) yrs. 1/2 mos. ds

Contributory (SECONDARY) Effects of heat

(Duration) yrs. mos. 1 ds.

(Signed) Harris Goldman M. D.

7/23/26, ~~191~~ (Address) 1816 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fellowship Rd. DATE OF BURIAL: 7-23-, 1926

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E Balto

E 12626

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12626

CERTIFICATE OF DEATH.

X 32

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 28-L WARD)

2-FULL NAME Miss Bessie Scheer

(a) RESIDENCE NO. Charleston, W. Va. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible].

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Samuel A. Scheer

11 BIRTHPLACE OF FATHER (city or town) (State or country) not given

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Samuel A. Scheer

(Address) Charleston. W. Va

15 Filed JUL 23 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-9, 1926, to 7-23, 1926,

that I last saw her alive on 7-23, 1926,

and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Meningitis, tuberculous

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Hist. Phys. Exam. & Sp. Hlwd

(Signed) J. Theron Hunter, M. D.

7/23, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mosh & C — DATE OF BURIAL July 23 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

193898 E/12627. × 84

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12627

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian Burton

(a) RESIDENCE NO. Crisfield Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State) 4 wks.

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Crisfield Md.

(State or country)

PARENTS

10 NAME OF FATHER Allen F Horsey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Crisfield Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Friends –

(Address) JOHNS HOPKINS HOSPITAL

Filed 23 1926 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1926 to July 23, 1926, that I last saw h.. alive on July 23, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Brain tumor, benign –

(duration) 8 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? home

Did an operation precede death? yes Date of July 20 26

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Frederick Lee, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md. Date of Burial July 23 1926.

UNDERTAKER Richard F. Cuclay ADDRESS 1621 W. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12628 (1) 170 E 12628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Rear 729 W. Watt Ave Ward)

2-FULL NAME Lester Charles Pratt.

(a) RESIDENCE NO. 101 S. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Pratt.

6 DATE OF BIRTH (month, day, and year) Jan. 9, 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. News paper Man

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Baltimore Post.

9 BIRTHPLACE (city or town) Washington

(State or country) DC

PARENTS

10 NAME OF FATHER Lester C. Pratt.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Wash

(State or country) D.C.

14 Informant Mrs. Mary Pratt.

(Address) 729 W. Watt Ave.

15 Filed ..... 19 C. HAMPSON JONES, M.D.

JL 3 1926 Per R K Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gunshot wound (Pistol) Instantaneous

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. J. Kennedy, M. D.

(Coroner)

July 20, 19 26 (Address) 2502 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, DC Date of Burial

Arlington National Cemetery July 23, 19 26

20 UNDERTAKER Martin Fahey & Sons. ADDRESS 837 W. Watt Ave.

Cor.—12-9-25—A Co.—200 Bks.

(Michael Stec)

12629

HEALTH DEPARTMENT—CITY OF BALTIMORE

19 4 E 12629

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Parkway St., 2-3 Ward)

2-FULL NAME Michael Stec

(a) RESIDENCE NO. 609 S Wolfe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Stec

6 DATE OF BIRTH (month, day, and year) Sept 29-1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer) Standard Plating Works

(c) Name of employer Stad Co.

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Jozef Stec

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Born Poland

12 MAIDEN NAME OF MOTHER Katherine Baran

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Katherine Stec wife.

(Address) 609 S. Wolfe St

15 Filed 3 1926 By C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

Duration by heat while at work.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Samuel D. Jones M. D.

(Coroner)

, 19 26 (Address) 3328 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem.. Date of Burial 7/24 1926.

20 UNDERTAKER M. J. Sadowski ADDRESS 708 S. Gunst

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH — Registered No. E 12630

City of BALTIMORE: (No. 105 N Chester St., 6-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Teresa Trainor

(a) Residence No. 105 N Chester St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Trainor

6-DATE OF BIRTH (month, day and year): Sept. 15th 1847

7-AGE: 78 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Mc Mahon

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-
(Informant): Miss Anna Trainor
(Address): 105 N. Chester St.

15-
Filed JUL 3 1926 19.....
C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 21/26

I HEREBY CERTIFY, That I attended deceased from May 28 26 to July 21, 1926
that I last saw h[illegible] alive on July 20, 1926
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:
Hypo Stat Pneumonia

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Cardiac Hypertrophy
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J. C. Wade, M. D.
1926 (Address) 4376 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Cathedral Cemetery — DATE OF BURIAL, 7/23 1926

20-UNDERTAKER: E. J. Fanning Inc. — ADDRESS: 1938 E. Lafayette Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

12631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 12631

t-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1716 Jackson ST. 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Carley Brittingham

(a) RESIDENCE. No. 1716 Jackson ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Samuel Brittingha

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Lena Saulsbury

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dorchester Co Md

14 Informant Jefferson D. Saulsbury
(Address) 1137 N. Franklin St.

15 Filed JUL 31 1925 C. HAMPSON JONES, M. D. Registrar
Per DKH

MEDICAL CERTIFICATE OF DEATH

t6 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1926 to July 23, 1926
that I last saw h... alive on July 23, 1926
and that death occurred, on the date stated above, at 3.26 A m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Sidney H. Street M. D.

(Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	July 24 1926
20 UNDERTAKER	ADDRESS
Wellington Cook	502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

Dr Brooks 800 Block N Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12632

CERTIFICATE OF DEATH.

31 E 12632

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1049 N. Fayette St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis J Cooper

(a) RESIDENCE NO. 1049 N. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Cooper

6 DATE OF BIRTH (month, day, and year) July 24. 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1/7	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dagore Furniture

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John Cooper

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Kelley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Rose Cooper

(Address) 1049 N Fayette St

15 Filed ..... 19 C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17

I HEREBY CERTIFY, That I attended deceased from July 3 1926 to July 22 1926, that I last saw h. alive on July 22 1926, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Bac. findings

(Signed) Jas. F. Thompson, M. D.

19 (Address) 916 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral Date of Burial July 24 1926

20 UNDERTAKER W. H. Cook ADDRESS 502 E Monument

Spec.—1-10-21—M&T—1500 Bks.

E 12633 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12633

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. B-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bennett

(a) RESIDENCE NO. 1020 Granby ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced HUSBAND of (or, WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant City Hospital Records (Address)

15 AUG 3 1926 C. HAMPSON JONES, M. D. Per RAH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 22, 1926, that I last saw him alive on July 21, 1926, and that death occurred, on the date stated above, at 8 00 A m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Hypertension

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) G. Hooper Lynch, M. D.

July 22 1926 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 24 1926

20 UNDERTAKER Zickler & Zickler

ADDRESS 1739 E Eager

Spec.—1-10-21—M&T—1500 Bks.

E 12634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12634

CERTIFICATE OF DEATH.

16-8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 S. First ST. 16-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie M. Milke

(a) RESIDENCE No. 1512 S. First ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 15- 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. H. Milke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Elsie Staelings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Elsie Milke

(Address) 1512 S. First St

15 JUL 23 1926 C. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 23, 1926, that I last saw her alive on July 22, 1926, and that death occurred, on the date stated above, at 3 55 A. m.

The CAUSE OF DEATH* was as follows:

Dysentery Bacillary

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mountainburg Ark.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) C. Thompson Jones, M. D.

July 23, 1926 (Address) 1503 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL July 26 1926

20 UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12635

44 E 12635

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2900 E. Pratt St., 1-2 Ward)

2-FULL NAME Mary Grochmal

(a) RESIDENCE NO. 2900 E. Pratt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grochmal

6 DATE OF BIRTH (month, day, and year): 12/8/1860

7 AGE — Years: 65 — Months: 7 — Days: 14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Poland

PARENTS

10 NAME OF FATHER — Rau

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Unknown

14 Informant Jos. Grochmal (Address) 2910 E. Pratt

15 C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 26

17 I HEREBY CERTIFY, That I attended deceased from July 10 19 26 to July 18 19 26 that I last saw h... alive on July 18 19 26 and that death occurred, on the date stated above at 8.20 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Goster

(duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) _____

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) William Papanek, M. D.

(Address) 8013 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: 9/24 1926

UNDERTAKER: Wm. Galloway — ADDRESS: 1618 Eastern

Spec.—1-10-21—M&T—1500 Bks.

Purdie

HEALTH DEPARTMENT—CITY OF BALTIMORE

12636 E 12636

CERTIFICATE OF DEATH.

31

REGISTERED NO. 18-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore city Hospitals (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Purdie

(a) RESIDENCE NO. 600 W. Saratoga st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. D. Purdie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Purdie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 19 26

17

I HEREBY CERTIFY, That I attended deceased from April 12, 19 26, to July 22, 19 26,

that I last saw him alive on July 22, 19 26,

and that death occurred, on the date stated above, at 9.03 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) W. E. Gallens, M. D.

7-23, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va. DATE OF BURIAL 7/23 1926

20 UNDERTAKER Wm J. Tuckner & Son ADDRESS Hagerstown, Md.

Spec.—1-10-21—M&T—1500 Bks.

E 12637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12637

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 76-7 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Hradin

(a) RESIDENCE NO. Baltimore City Hospitals WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore - Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant City Hospital Records (Address)

15 JAN 3 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 21, 1926, that I last saw him alive on July 21, 1926, and that death occurred, on the date stated above, at 12 0 P m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis general & cerebral

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hampson Smith, M. D.

July 23 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 7/25 1926

20 UNDERTAKER J. J. Fahey Sons — ADDRESS 1348 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12638

CERTIFICATE OF DEATH.

70 E 12638

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Penitentiary ward 7-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Isaac Joseph Benson

(a) Residence No. 1210 Division St., Ward 1

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 2 - 1889

7-AGE. 37 yrs. 2 mos. 20 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore, Md. (State or Country),

PARENTS.

10-NAME OF FATHER, John Benson

11-BIRTHPLACE OF FATHER (city or town)..... Baltimore Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Brown

13-BIRTHPLACE OF MOTHER (city or town)..... Baltimore Md. (State or Country),

14-

(Informant)..... Md. Penitentiary

(Address).....

15-Filed JUL 24 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 23 1926

17- I HEREBY CERTIFY, That I attended deceased from July 22 1926 to July 23 1926 that I last saw him alive on July 23 1926 and that death occurred, on the date stated above, at 12.23 a.m.

The CAUSE OF DEATH* was as follows:

Dislocation of the Fifth Cervical Vertebra (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) — (Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Albert L. Anderson M. D.

July 23, 1926 (Address) Md. Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cemetery — DATE OF BURIAL, 7/24/26

20-UNDERTAKER. Jos Tennyson — ADDRESS 1127 E Balto St

THE MORGUE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12639

CERTIFICATE OF DEATH.

1924 E 12639

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 644 Mill St., 9-3 Ward)

2-FULL NAME Vernon Mathews

(a) RESIDENCE NO. 644 Mill St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20 - 24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nelas Mathews

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Elizabeth Mathews

(Address) 644 Mill

15 [illegible] 24 1924 THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 - 24 19

17 I HEREBY CERTIFY, That I attended deceased from July 20 19 24 to July 23 19, that I last saw h alive on July 23 19, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

Premature Born

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cemetery Toronto Date of Burial July 24 1924

20 UNDERTAKER Mrs R A Elliott ADDRESS 1726 Eastland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12640

CERTIFICATE OF DEATH.

90 E 12640

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N Stricker St S. 15-13 WARD)

2-FULL NAME Charles N. Vaudry

(a) RESIDENCE NO. 1505 N Stricker ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Cal

5 Single, Married, Widowed, or Divorced. (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Vaudry

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE 56 Years Months Days If LESS than 1 day.....hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engr-Shoreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robt. Vaudry

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Dunstown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ida Vaudry (Address) 1505 N Stricker St

15 Filed 7-24 1926. 19 H. HARRISON JONES, M. D. Registrar K.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20-26 19

17 I HEREBY CERTIFY, That I attended deceased from 7-12-26, 19, to 7-20-26, 19, that I last saw him alive on , 19, and that death occurred, on the date stated above, at 10.10 p m.

The CAUSE OF DEATH* was as follows:

Chronic Heart disease

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Carbuncle-Loin, chron. Hemorrhage

(duration) X yrs. mos. 2

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Cadazo M. D.

7-24-26 (Address) 1524 O'Hillard Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Pt. Va.

DATE OF BURIAL July 27 26

20 UNDERTAKER Robert E. Hillian

ADDRESS 1515 McElderry St

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12641

CERTIFICATE OF DEATH.

113 E 12641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (St.) 8-V (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valletta Wilson

(a) RESIDENCE NO. 1630 Husham ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, and year) 2/8/1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John R Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Freda Prediger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant John R Wilson

(Address) 1630 Dusham St

Filed JUL 24 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22 1926

17

I HEREBY CERTIFY, That I attended deceased from 9:30 A. M. 1926, to 3:00 P.M. 7/22, 1926,

that I last saw h[illegible] alive on 7/22/26, 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Toxemia with Convulsions

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Debilitation & Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. McConnell, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 7/24 1926

20 UNDERTAKER George & Ruth

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12642

CERTIFICATE OF DEATH.

9 E 12642

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Harford Ave ST., 9-2 WARD)

2-FULL NAME Doris L Mitchell

(a) RESIDENCE NO. 3020 Harford Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Feb 2 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Lloyd Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Lucy Alls.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Lloyd Mitchell

(Address) 3020 Harford Ave

15 Filed 7 24 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1926, to July 23rd, 1926, that I last saw her alive on July 23rd, 1926, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pertussis - Bronchopneumonia

(duration) yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Hepatic Congestion

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Walter W. White Jr M.D.

, 19 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 7/24 1926

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

Spec. 1925—A Co.—200 Bks.

19317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12643

CERTIFICATE OF DEATH.

129 E 12643

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. _____ St. 9-6 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Rahn

(a) RESIDENCE NO. 1251 E. Lanvale St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 8 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: anna Rahn

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country) Germany

10 NAME OF FATHER B. Rahn

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Agusta Koplin

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Germany

PARENTS

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed July 24 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 July 22

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926, to July 22, 1926,

that I last saw him alive on July 22, 1926

and that death occurred, on the date stated above, at 4.00 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Uremia

(duration) _____ yrs. _____ mos. 2 ds.

18 Where was disease contracted

If not at place of death? NR

Did an operation precede death? NR Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy -

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial 7/24 19 26

20 UNDERTAKER: George J Ruth — ADDRESS 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12644

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 45

City of BALTIMORE: (No. 1806 W. Saratoga St., 70-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Slater Jones

(a) Residence No. 1806 W. Saratoga St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mrs Mary P. Jones.

6-DATE OF BIRTH (month, day and year) Jany 3, 1851

7-AGE. 75 yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. ~~or~~ min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Ass't Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Parkway.

(c) Name of employer Whitehurst & Co. 0806

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, Wm. Jones.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Slater

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14-(Informant) Geo. C. Shannon

(Address) 700 Fulton Ave

Filed 7 24 1926 Registrar. HAMPSON JONES, M. D.

Per RFC

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 22 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1925 to July 22 1926, that I last saw h~~im~~ alive on July 21 1926, and that death occurred, on the date stated above, at 3:20 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Intestinal)

(Duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) 1 yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods

(Signed) George C. Shannon M. D

7/22 1926 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 24 1926

UNDERTAKER	ADDRESS
Dr Jackson & Sons	209

Spec.—12-9-25—A Co.—200 Bks.

Carrie C. Stockert also Caroline C Stockert

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12645

CERTIFICATE OF DEATH.

151 E 12645

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 3740 Old York Road St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Watkins Gilbert Stockert

(a) RESIDENCE NO. 3740 Old York Rd St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward F Stockert

6 DATE OF BIRTH (month, day, and year): July 17 1849

7 AGE — Years: 77 — Months: 0 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town): Newport

(State or country): England

PARENTS

10 NAME OF FATHER: James Watkins

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): England

12 MAIDEN NAME OF MOTHER: Anne Rees

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Wales

14 Informant: Mrs. A. Storey

(Address): 3740 Old York Rd

15 Filed July 21 1926 By E. H. Registrar

E. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1926

17

I HEREBY CERTIFY, That I attended deceased from [redacted] July 8, 1926, to July 20, 1926,

that I last saw her alive on July 20, 1926,

and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(duration) ___ yrs. ___ mos. 12 ds.

CONTRIBUTORY (Secondary)

(durnation) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Vernon H. Souders, M. D.

, 19 (Address) 750 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: July 23 1926

20 UNDERTAKER: M. Shulmeister Sons — ADDRESS: North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12646

CERTIFICATE OF DEATH.

1924

E 12646

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1700 Abbottson St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Hartman

(a) RESIDENCE NO. 1700 Abbottson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct-30-1925.

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Henry J Hartman

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Alice Loonan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

PARENTS

14 Informant Mr Henry Hartman

(Address) 1700 Abbottson St.

15 Date received 7-24 1926 C. HAMPSON JONES, M. D. Registrar

Per H.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1924

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1924, to July 23, 1924, that I last saw her alive on July 23, 1924, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Myocarditis Interstitial

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo L Zimmerman M. D.

July 23 1924 (Address) 623 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cem July 24 1924

20 UNDERTAKER John J Gowan & Son

ADDRESS 901 Hollins St

Per J J Gowan

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12647 — E 12647

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 17-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Davis

(a) RESIDENCE NO. 113 W. 23rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Louise Davis

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Connecticut

10 NAME OF FATHER Charles Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucille ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Hospital Records.
(Address)

HAMPSON JONES, M. D.

Filed JUL 24 1926 RR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1926, to July 22, 1926, that I last saw him alive on July 21, 1926, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Hypertension.

Residual Hemiplegia (left)

(duration) ? yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lamb, M. D.

July 22 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 24 26

20 UNDERTAKER Samuel H. Huesley ADDRESS 578 N. Eddle

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12648 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-001 E 12648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 W. Lexington St. 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Carter

(a) Residence No. 1620 W. Lexington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Undertaker says 1839 also 1849

6-DATE OF BIRTH (month, day and year)

7-AGE. 87 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-(Informant) Undr. D. J. Mack

(Address) 2133 Pennsylvania Ave

15-Filed 7-24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/24/26

17- I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 21, 1926, that I last saw h.er alive on July 21, 1926 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. M. Lawrence, M. D.

, 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL July 24 26

20-UNDERTAKER. Samuel W. Busby ADDRESS 378 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

12649 HEALTH DEPARTMENT—CITY OF BALTIMORE 12649

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3921 Belview Ave WARD) 15-1

2-FULL NAME Virginia McCurley Sheckells

(a) RESIDENCE NO. 3921 Belview Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 25 1838

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER John McCurley

11 BIRTHPLACE OF FATHER (city or town) ..
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Rudenstein

13 BIRTHPLACE OF MOTHER (city or town) ..
(State or country) Baltimore Md

Informant Grace V. Sheckells
(Address) 3921 Belview Ave

Filed JUL 24 1926 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 19 26 to July 22 19 26,

that I last saw h.. alive on July 20 19 26,

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

a Coronary Thrombosis

b Chronic Myocarditis

c Senility

Contributory Cause Chronic Nephritis

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hampson Jones, M. D.

July 22, 19 26 (Address) 3902 Overland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL July 26 1926

20 UNDERTAKER George J Smith

ADDRESS 153 E Hollins

Spec.—1-10-21—M&T—1500 Blks.

E 12650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E 12650

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 N Collington Ave. WARD 6th)

2-FULL NAME Margaret Busch

(a) RESIDENCE NO. 1931 N Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 11 1911

7 AGE: Years 14 Months 11 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Cornelius Busch

11 BIRTHPLACE OF FATHER (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Clara M Franks

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Maryland

Informant: Mrs Clara M Busch,

(Address) 1931 N Collington

Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to July 22, 1926.

that I last saw h[illegible] alive on July 22 1926

and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

cause unknown

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Lat

What test confirmed diagnosis?

(Signed) [illegible], M. D.

7/23 1926 (Address) 1819 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: JULY 26 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lisbon St

pec.—1-12-23—M&T—500 Bks.

E 12651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 E 12651

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Adamczyk

(a) RESIDENCE NO. 2617 Fait ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Fifty mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 1916 - Nov. 13

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	9	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pupil.

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Stanislaus Adamczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Bronislawa Kurzewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Stanislaus Adamczyk

(Address) 416 Hollins ave. City

July 24 1926 Witness

Filed ..... 19.. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23rd 1926.

17

I HEREBY CERTIFY, That I attended deceased from July 22nd, 1926, to July 23rd 1926, that I last saw her alive on July 23rd, 1926, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Diffuse Purulent Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 7/22/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) B. M. Thorpe M. D.

7/23 1926 (Address) St. Joseph's Hospital (City).

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	July 26 1926
20 UNDERTAKER	ADDRESS
Stephen F. Kuckowski	1 Kenwood Ave

Dec.—1-12-23—M&T—500 Blks.

E 12652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital. (Sister M. Matilda O.S.F.) REGISTERED NO. 129

CITY OF BALTIMORE: (No. Oliver & Caroline ST., 9-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister M. Matilda (Gertrude Schwartz)

(a) RESIDENCE NO. St Joseph's Hospital. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 65 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	sister.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of St Francis. St Joseph's Hospital.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Germany.

(State or country) ~~Baltimore, Md.~~

10 NAME OF FATHER Friedrich - Schwartz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Mantz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Records St Joseph's Hosp.

(Address) Caroline & Eliza Sts

Filed 2-4 1926 C. HAMPSON JONES, M. D. Per H. A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July. 1st, 1926, to July 23, 1926, that I last saw her alive on July 23, 1926, and that death occurred, on the date stated above, at 8:45a. m.

The CAUSE OF DEATH* was as follows:

Chr. Hypercalcitrans - nephritis - and Arterial Sclerosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral - Hemorrhage.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no. Date of —

Was there an autopsy? None

What test confirmed diagnosis? Clinical.

(Signed) H. R. McCannell M. D.

7/29, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 26 1926
UNDERTAKER	ADDRESS
Henry Heath Son	1501 E Eager St

ec.—1-12-23—M&T—500 Bks.

E 12653 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12653

X 44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. ST., 41 WARD)

2-FULL NAME Mrs Annie Thomas.

(a) RESIDENCE NO. Elkridge Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 weeks How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't know

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't know

Informant: William Thomas

(Address) Elkridge Md

Filed JUL 24 1926 C. HAMILTON JONES, M. D.

Per ..... Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 22, 1926

that I last saw h[illegible] alive on July 22, 1926

and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) ..... yrs. 6 mns ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Lab. Tests.

(Signed) Francis N. Ellis, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	July 25 1926
20 UNDERTAKER	ADDRESS
James Carter & Co	916

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 194

City of BALTIMORE: (No. 715 S Baker St St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Julia Robinson

(a) Residence No. 715 S Baker St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry Robinson

7-DATE OF BIRTH (month, day and year) 1869

8-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

14-BIRTHPLACE (city or town) (State or Country), Maryland.

10-NAME OF FATHER, James Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Conley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

(Informant) William H Robinson

(Address) 715 S Baker St

JUL 24 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 23/1926

17- I HEREBY CERTIFY, That I attended deceased from July 11 1926 to July 23 1926 that I last saw her alive on July 23 1926 and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Thermic Fever.

(Duration) yrs. mos. One ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J Bramwell Lyle M. D.

, 19 (Address) 2937 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Kent Island Md. DATE OF BURIAL, July 24/1926

20-UNDERTAKER, Daniel Carlson ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 12655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12655

CERTIFICATE OF DEATH.

31

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 W. Lanvale ST. 16-7 WARD)

2-FULL NAME Retta Stewart

(a) RESIDENCE NO. 1627 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) May 27-1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	1	26 25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Cambridge Md

10 NAME OF FATHER: John Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Leah Pinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Cora Edwards

(Address) 1421 E. Fayette St

Filed 7-24 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20 - 1926, to July 23 1926.

that I last saw her alive on July 22, 1926,

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of Lungs
Tuberculosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) 2 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr. W. Leonard, M. D.

7-24 1926 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md.	7-25 1926
20 UNDERTAKER	ADDRESS
Chas. R. Johnson	416 N. Caroline St.

Spec.—1-10-21—M&T—1500 Bks.

E 12656

HEALTH DEPARTMENT—CITY OF BALTIMORE

57 E 12656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....

CITY OF BALTIMORE: (No. [redacted] ST. 12-3 WARD)

. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Beard

(a) RESIDENCE NO. 2427 Oak ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) Unknown 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/10

(c) Name of employer .....

BIRTHPLACE (city or town) .....
(State or country) North Carolina

10 NAME OF FATHER John Hinson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Hinson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) North Carolina

Informant City Hospital Records
(Address)

Filed JA 24 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to July 21, 1926, that I last saw h[illegible] alive on July 21, 1926, and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Hypertension

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Levitt, M. D.

July 23 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	July 24 1926
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Oakland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

E 12657

CERTIFICATE OF DEATH

E 12657
REGISTERED NO.

1-PLACE OF DEATH Christ's Institution Hospital
CITY OF BALTIMORE: (No. 704 Euson ST. 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia Benson

(a) RESIDENCE NO. 1221 Chatsham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George Benson

DATE OF BIRTH (month, day, and year) [illegible] 1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

Informant George Benson
(Address) 1221 Chatsham ST

Filed ..... 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2 1926 to July 23 1926.
that I last saw her alive on July 23 1926.
and that death occurred, on the date stated above, at 11.25 A. m.

The CAUSE OF DEATH* was as follows:

Gangrene
Aseptic Poision of Right foot
(duration) yrs. 2 mos 21 ds.

CONTRIBUTORY (Secondary) Aseptic Poision + General Debility (duration) yrs. 7 mos. 6 ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Postmortem

(Signed) Dr. A. W. Kennard, M. D.
7-27 1926 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery — DATE OF BURIAL July 26 1926

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1725 Ashland Av

24 1926 By R.H.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12658

CERTIFICATE OF DEATH.

90 E 12658
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Calhoun ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Gosnell

(a) RESIDENCE. NO. 126 S. Calhoun St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses. C. Gosnell

7 DATE OF BIRTH (month, day, and year): Dec 5th 1852

8 AGE — Years: 73 — Months: 7 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Co md

10 NAME OF FATHER: Joshua Clements

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co md

12 MAIDEN NAME OF MOTHER: Susanna Bartlett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

Informant: Mrs Elva. J. Gill
(Address): 126 S. Calhoun st

Filed JL 24 1926 HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to July 22, 1926, that I last saw h alive on July 22, 1926, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency with pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Adhesions Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. H. Tilpett, M. D.

19 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	July 26 1926
20 UNDERTAKER: Jos Jourdens & Son	ADDRESS: 2173 E. Pra

Spec.—1-10-21—M&T—1500 Bks.

E 12659 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12659

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp.

CITY OF BALTIMORE: (No. ~~1640 Cliftview~~ ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Hoffman

(a) RESIDENCE NO. 1640 Cliftview ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Hoffman

DATE OF BIRTH (month, day, and year) 1-23-1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	5	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Fred. Rubenkonig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Strohwall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Deceased

(Address)

FILED JUL 24 1926 19

C. HAMPSON JONES, M.D.

Per Address

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22/26 19

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to July 22, 1926, that I last saw her alive on July 22, 1926, and that death occurred, on the date stated above, at 3.07 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Forgotten

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 6-20-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Jones M.D.

, 19 (Address) 1 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	July 24 26
20 UNDERTAKER	ADDRESS
Jos. E. Mullan & Son	2334 Jeffer

E 12660

E 12660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Franklin Square Hospital ST. 203 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John Smith.

(a) RESIDENCE No. 2246 Hollins St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Smith.

6 DATE OF BIRTH (month, day, and year): June 29, 1860

7 AGE: Years 66. Months Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mrs. Smith

(Address) 2246 Hollins St

Filed 24 1926 Per HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 23, 1926, that I last saw him alive on July 23, 1926, and that death occurred, on the date stated above, at 4:15 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal disease.

Chr. nephritis - Chronic congestive

Pneumonia & edema diffuse

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): myocardial failure.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? Partial.

What test confirmed diagnosis? Clinical & autopsy.

(Signed) [illegible] M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: July 26 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 358 W. Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12661 118-001 E 12661

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Infirmary 3-2 Ward)

2-FULL NAME Mrs. Louis C. Heemann

(a) RESIDENCE NO. 32 South Bolen St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7. 1897

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
29	-	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mortician

(b) General nature of industry, business, or establishment in which employed (or employer) Undertaker

(c) Name of employer Louis Heemann

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

10 NAME OF FATHER Louis Heemann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise M. Kalb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Fred & H. Heemann

(Address) 60 Eden & Hamilton Balto

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to July 23, 1926, that I last saw h ill alive on July 23, 1926 and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Delirium Tremens.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 19 1926

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Vernon H. Norwood M. D.

July 23 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Emmanuel Cemetery	7/26 1926
20 UNDERTAKER	**ADDRESS**
Louis Heemann	32 S. Broadway

Spec.–1-10-21–M&T 1500 Blks.

12662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 12662

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1812 Light ST., 23 WARD)

2-FULL NAME John B. Alton

(a) RESIDENCE NO. 1812 Light ST., 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 7/1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Wiseman

BIRTHPLACE (city or town) Calvert Co.

(State or country) Md.

10 NAME OF FATHER John W. Alton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hattie Kimball

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

Informant Mrs M. Alton

(Address) 1812 Light

Filed July 24 1926 HAMPSON JONES, M. D. Registrar

By DC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to July 22, 1926

that I last saw h alive on July 22, 1926

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Campbell M.D.

July 24 1926 (Address) 1644 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Harmony, Calvert Co. md

DATE OF BURIAL July 24 1926

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1422 Light

Spec.—1-10-21—M&T—1500 Bks.

E 12663 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 12663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lathie Sanford

(a) RESIDENCE NO. 632 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin Sanford

DATE OF BIRTH (month, day, and year) Jan 5, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER ~~Unknown~~ John Schneider

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country) "

12 MAIDEN NAME OF MOTHER Marya Ward

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md. (State or country) "

Informant Irvin Sanford

(Address) 632 W Franklin St

C. HAMPSON JONES, M. D.

Registrar

Filed JUL 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-19, 1926, to 7-23, 1926,

that I last saw her alive on 7-23, 1926,

and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 4 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Theroux Hunter M. D.

7/23, 1926 (Address) St. Agnes' Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL July 26 1926

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1422 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 12664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 12664

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N Fulton Ave WARD 46-6)

2-FULL NAME Sarah M. Callaway

(a) RESIDENCE NO. 1021 N Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Clayton Callaway

DATE OF BIRTH (month, day, and year) May 1 - 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Peter Freeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs F Carraway

(Address) 1021 N Fulton Ave

Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1925 to July 23, 1926,

that I last saw her alive on July 22, 1926,

and that death occurred, on the date stated above, at 10:10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? P.E.

(Signed) Francis E. Lloyd, M. D.

July 23, 1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL June 26, 26

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 12665 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 12665

E 12665 — CERTIFICATE OF DEATH. — X 45

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Maryland Gen. Hospital ST., 11-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. William J. Weaver

(a) RESIDENCE NO. Perryville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs William Weaver

DATE OF BIRTH (month, day, and year) August 8- 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	66	11	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Rock Spring Pa.

10 NAME OF FATHER Andrew Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Phoebe Garvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Wife

(Address) Perryville Md.

C. HAMPSON JONES, M. D.

Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 24, 1926, that I last saw him alive on July 24, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ileum.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of, 7-20-26

Was there an autopsy? not

What test confirmed diagnosis? Clinical ~~Symptoms~~

(Signed) [illegible] M. D.

, 19 (Address)

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Clarks Cem. DATE OF BURIAL Jul 26 1926

20 UNDERTAKER Lee A. Patterson ADDRESS Perryville Md.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12666

CERTIFICATE OF DEATH.

1-1 1926

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2213 Baust St St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Swenton

(a) Residence No. 2813 Baust St St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, Divorced (write which) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

7-DATE OF BIRTH (month, day and year) Unknown 1881

8-AGE 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmers Hand

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Standard Sanatary Co

10-BIRTHPLACE (city or town) (State or Country), Poland

10-NAME OF FATHER, Jacob-

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Poland-

14- (Informant) Anna Pusziga

(Address) 624 S Port St

C. HAMPSON JONES, M. D.

Filed ..... 192 Per ..... Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/23/26

17- I HEREBY CERTIFY, That I attended deceased from July 22, 1926 to July 23 1926

that I last saw h. alive on July 23 1926

and that death occurred, on the date stated above, at 4:50 P m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

Myocordeal Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Casimir Kulakowski, M. D.

July 24 1926 (Address) 3539 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Scranton Pa.

DATE OF BURIAL July 26

UNDERTAKER F. H. Czazewski

ADDRESS 1930. Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12667

CERTIFICATE OF DEATH.

E 12667

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Moser

(a) RESIDENCE NO. 4625 N. Racine Ave, Chicago, Ills.

(Usual place of abode) Unk.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown, lives at Freeport L.Island

6 DATE OF BIRTH (month, day, and year) Sept 1/1882 unknown

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
43	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Office Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Chicago Auto Coach Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): New York

10 NAME OF FATHER: Dr. George Moser

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Elizabeth Byrne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): N.Y.

14 Informant: Hopkins Records

(Address)

15 Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcholic Toxemia-

(Autopsy at Hopkins Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Obesity-Pericarditis(old adhesions)-Thickening Mitral Valve

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Waller, M. D. (Coroner)

7/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freeport Date of Burial July 27 1926

20 UNDERTAKER: H B Hilpert ADDRESS 85 N Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12668 E 12668

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Division ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Harrod

(a) RESIDENCE NO. 1101 Division ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6 If married, widowed, or divorced (or) WIFE of Thomas J. Harrod

DATE OF BIRTH (month, day, and year) — — 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	61			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Beverly Md

10 NAME OF FATHER Jacob Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane Hilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant James J. Harrod

(Address) 268 N. 130th St. Ridgely

C. HAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 14th 1923, to July 23. 1926, that I last saw her alive on July 22d, 1926, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bronchus

(duration) One mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Microscopical

(Signed) A. Lee Ellis, M. D.

7/23. 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ireland Creek. Md — DATE OF BURIAL July 25, 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 10,27 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12669 — CERTIFICATE OF DEATH. — E 12669

× 65-001

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. St. 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ellie Tabb

(a) RESIDENCE NO. Middleburg, Loudon Co. St. Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wh.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Prosser Tabb

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE — Years: 64 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER: John C. MacKenzie

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Ella Roland

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Middleburg, Va

14 Informant: Mrs. E. Tabb

(Address): 6 E Eager St

Filed ..... 191 ..... C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 24, 1926

that I last saw h.. alive on July 24, 1926

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myeloid Leukemia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory findings & Typical

(Signed) R. Smatta M. D.

, 19 (Address) Mercy Hospital Balt Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middleberg Loudon Co Va — Date of Burial: 7-25 1926

20 UNDERTAKER: Henry W. Jenkins & Son Co — ADDRESS: Orchard & Calhoun

Cor.—12-9-25—A Co.—200 Bks.

E 12670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 Bruins St. 17-3 Ward)

2-FULL NAME Ella N Litfield

(a) RESIDENCE NO. 533 Bruins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Auburn

6 DATE OF BIRTH (month, day, and year): about 58

7 AGE — Years: 29 — Months — Dys — IF LESS than 1 dny.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va.

10 NAME OF FATHER: Joseph Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Mahon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant: Mamie Sale

(Address): 533 N Bruins St.

Filed: C. HAMPSON JONES, M. D. Registrar

1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute gastro-enteritis, 6 days.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart 5 months

(duration) yrs. mos. ds.

(Signed) J. T. Greenway M. D.

(Coroner)

7/24 1926 (Address) 280 E Lanvale Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M W Auburn Cem Date of Burial July 25 1926

20 UNDERTAKER: David Easton ADDRESS 916 Park Ave

Spec.—1-10-21—M&T—1500 Blks.

E 12671 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12671

CERTIFICATE OF DEATH. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Exeter St. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fedelin Senio

(a) RESIDENCE NO. 128 N. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine Senio

DATE OF BIRTH (month, day, and year) Jan. 15-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing factory

(c) Name of employer Eastern Sportshop.

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Antonio Senio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Mezzi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Samuel Senio

(Address) 128 N Exeter St. City

Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 - 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 - 1926, to July 23 - 1926, that I last saw h~~im~~ alive on July 23, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic parenchymatous

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (cerebral hemorrhage) (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urinary & heart.

(Signed) H. K. Viets, M. D.

7/27, 1926 (Address) 1300 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	July 26/26
20 UNDERTAKER	ADDRESS
Daniel Easton	Balto

...--1-12-23—M&T—500 Bks.

12672 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12672

CERTIFICATE OF DEATH

185

1-PLACE OF DEATH University Hospital

REGISTERED NO. 18-7

CITY OF BALTIMORE: (No. Lombard + Green ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Burton

(a) RESIDENCE NO. 114 Calendar ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Burton

DATE OF BIRTH (month, day, and year) Nov. 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Dorchester Co
(State or country)

10 NAME OF FATHER John Holliday

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not Know

12 MAIDEN NAME OF MOTHER Mary Bloodsworth

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dorchester Co.

Informant Clarence Burton
(Address) 114 Calender St

Filed 1926 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 23, 1926

that I last saw her alive on July 23, 1926

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Retained membranes following an abortion

(duration) yrs, mos ds.

CONTRIBUTORY (Secondary) Septicaemia + toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 23/26

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam + Pen

(Signed) Knight Reynolds, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Lawn Cem Cambridge	July 26/26
20 UNDERTAKER	ADDRESS
Jas E. Trilled Son	233 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

12673 HEALTH DEPARTMENT—CITY OF BALTIMORE 12673

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2020 Eastern Ave (St.) 2-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Amy Mills

(a) RESIDENCE NO. 2020 Easten Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: Henry A. Mills

DATE OF BIRTH (month, day, and year): March 4-1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Thomas Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Shannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Bertha Weinstein

(Address) 2410 Jefferson St

Filed 1926 C. MAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/14, 1926, to 7/23, 1926,

that I last saw h[illegible] alive on 7/23, 1926,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) Daniel Dean, M. D.

, 19[illegible] (Address) 232 Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemty — DATE OF BURIAL: July 26 26

UNDERTAKER: Wm C. Miller & Son — ADDRESS: 2334 Jeffer[illegible]

c.—1-12-23—M&T—500 Bks.

12674 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12674

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST 27-14 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Susie Trimble

(a) RESIDENCE NO. 1004 Spring Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Roland Trimble

DATE OF BIRTH (month, day, and year) [illegible] 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ask Not Known

10 NAME OF FATHER Ask Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ask Not Known

12 MAIDEN NAME OF MOTHER Ask Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ask Not Known

Informant Roland Trimble

(Address) 29 Hilman St

Filed 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 23, 1926, that I last saw her alive on July 23, 1926 and that death occurred, on the date stated above, at 12.23 A m.

The CAUSE OF DEATH* was as follows:

Phlebitis and septicemia

Myocarditis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hist. of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Clement K. Monroe M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Cemetery	July 26 1926
UNDERTAKER	ADDRESS
H S Marshall	3539 Falls Road

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12675

E 12675

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

SYDENHAM HOSPITAL

CITY OF BALTIMORE: (No. ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Baker

(a) RESIDENCE No 1218 St. Matthew ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) July 25, 1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	1	11	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....—

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Meyer Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Valansky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Meyer Baker

(Address) 1218 St. Matthew

1926 C. HAMPSON JONES, M. D.

Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to July 24, 1926, that I last saw him alive on July 24, 1926, and that death occurred, on the date stated above, at 11 45 a m.

The CAUSE OF DEATH* was as follows:

Nasal-Laryngeal Diphtheria

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pos. Dipth. Culture

(Signed) Myron S. Tuell, M. D.

7/25, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Orth. Cong. Herman Hill Cd. DATE OF BURIAL: 7-25-1926

20 UNDERTAKER: Jack Lewis ADDRESS: 1489 E. Balto.

Spec.—12-9-25—A Co.—200 Bks.

E 12676

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12676

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

2-FULL NAME Kate Adams,

(a) RESIDENCE NO. Preston & Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow of

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George Adams.

6 DATE OF BIRTH (month, day, and year): Unknown 1864

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country) Annapolis, Md.

10 NAME OF FATHER Wm Hammond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Florence

(Address) Preston & Eden Sts.

Filed 1926 Per NRW C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from forenoon ....., 19....., to ....., 19.....,

that I last saw h.. alive on July 19, 1926

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ....Date of....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

7-29-26 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Hill Annapolis — Date of Burial: July 27 1926

20 UNDERTAKER: Jane W. Crane Son — ADDRESS: 405 Mosher

Spec.—1-10-21 M&T 1500 Blks.

12677

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12677

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonina Wasielewska

(a) RESIDENCE NO. 116 South Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Wasielewski.

DATE OF BIRTH (month, day, and year) 1861 - 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Given 65 Proven 58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER ? Wasik

11 BIRTHPLACE OF FATHER (city or town) ? Work (State or country)

12 MAIDEN NAME OF MOTHER ? Work

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant City Hospital Records (Address)

Filed 1926 C. SAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from October 31, 1925, to July 23, 1926,

that I last saw h[illegible] alive on July 22, 1926,

and that death occurred, on the date stated above, at 11 00 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Hypertension

Residual Hemiplegia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R D Koopman M. D.

July 23, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL July 26 1926

20 UNDERTAKER George A Weber — ADDRESS 2205 Bank

Spec.—1-10-21—M&T—1500 Bks.

1926
62

HEALTH DEPARTMENT—CITY OF BALTIMORE

12678

CERTIFICATE OF DEATH.

90 E 126786 4

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 N. Mount St. 16-6 WARD)

2-FULL NAME Rachel Henderson

(a) RESIDENCE NO. 1008 N. Mount St. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE colored 5 ~~Single~~, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer —

9 BIRTHPLACE (city or town) City (State or country)

10 NAME OF FATHER Gabriel Bamet

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Hellyn Henderson

(Address) 1008 N. Mount St.

1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-11 1926 to 7-24 1926.

that I last saw her alive on 7-23 1926

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

History About Patient Knowledge (duration) yrs. 2 mos 14 days ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted ~ if not at place of death?

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George C Page M. D.

, 19 (Address) 1762 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel DATE OF BURIAL July 27 1926

20 UNDERTAKER Thomas E. Wright ADDRESS 1324 Mary

Spec.—12-9-25—A Co.—20 Bks.

E 12679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12679

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 317 East St. 5-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Fagio or (MAGIO)

(a) RESIDENCE NO 317 East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year): Sept 7/25

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore City

(State or country)

10 NAME OF FATHER: Carmelo Fagio

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Bruno

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore City

Informant Rose Fagio

(Address) 317 East St

1926 C. HAMPSON JONES, M. D. Registrar

Per P.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17

I HEREBY CERTIFY, That I attended deceased from on July 23/26, 19....., that I last saw h alive on July 23 19 26 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Congestion probably due to Intestinal Obstruction (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction 2 hrs.

no digestion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M Canales, M. D.

July 24 1926 (Address) 605 S Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial July 25 1926

20 UNDERTAKER: Hauck Brothers ADDRESS 1906 Eden

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12680

CERTIFICATE OF DEATH.

31 E 12680

1-PLACE OF DEATH

City of BALTIMORE: (No. 3110 E. Fayette St. 1-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Fogle

(a) RESIDENCE NO. 3110 E. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12/81

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	10	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Constructional

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Worker

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country) Md

10 NAME OF FATHER John Fogle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Mrs L. Fischmann

(Address) 3110 E. Fayette

1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 22, 1926, that I last saw h. alive on July 22, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pul Tb

(duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

I (Signed) L. Fischmann, M. D.

July 23, 1926 (Address) 3929 W. Cedar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 7/25/1926

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans St.

Cor.—12-9-25—A Co.—200 Bks.

E 12681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 4 E 12681

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 1-4 Ward)

2-FULL NAME Andrew Hebner

(a) RESIDENCE NO. 225 S. Ellwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hebner

7 DATE OF BIRTH (month, day, and year) Jan 28/1872

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER Conrad Hebner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Rosetta Tieman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Elizabeth Hebner

(Address) 225 S. Ellwood Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 July 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure -Died on operating table as incision was made for Cholecystectomy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Cutler M. D.

(Coroner)

7/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem Date of Burial July 26 1926

20 UNDERTAKER John Uelrich ADDRESS Frostburg

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12682

CERTIFICATE OF DEATH.

E 12682

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1452 Stevenson St. 44-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew Loris

(a) RESIDENCE NO. 1452 Stevenson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Aug 13, 1908

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	17	11	20 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 209

(b) General nature of industry, business, or establishment in which employed (or employer) Schuster & Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Phillip Loris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Katie Sepp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary.

Informant Phillip Loris

(Address) 1452 Stevenson

Filed 1926

C. HAMPSON JONES, M. D., Registrar

P&S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to July 13, 1926.

that I last saw him alive on July 13, 1926.

and that death occurred, on the date stated above, at 4 18 m.

The CAUSE OF DEATH* was as follows:

Pneumonary Tuberculosis

(duration) yrs. 1 mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos J. Stevens M. D.

7/13 26 (Address) 2878 Hartford,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross G. A. Co. DATE OF BURIAL July 16 1926

20 UNDERTAKER Margaret J. Flynn ADDRESS 417 Wright St.

Spec.—1-10-21—M&T—1500 Bks.

E 12683 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12683

CERTIFICATE OF DEATH.

REGISTERED NO. 185

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Baltimore City Hospitals 26-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Blake

(a) RESIDENCE NO. Balto. City Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Lawrence Blake

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

Informant Bay View Lecturer

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per MRD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926 to July 24, 1926 that I last saw h alive on July 24, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Fracture Left femur — (accidental Fall) — Generalized Osteoporosis.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home & Death —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) M. D.

, 19 (Address) Balto City Hospitals,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Rockford DATE OF BURIAL July 26 1926

20 UNDERTAKER Elmer W. Conklin ADDRESS 514 E Eager St.

Spec.—1-10-21—M&T—1500 Bks.

12684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12684

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Bataan Ave ST. 27-12 WARD)

2-FULL NAME Ida M. Lusby.

(a) RESIDENCE NO. 8. Bataan Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: James D. Lusby

DATE OF BIRTH (month, day, and year): May 2-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Wash. DC.

10 NAME OF FATHER: Chas L. Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Brittingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: C. Roman Lusby

(Address) 27-17 Lake Ave

1926 C. HAMPSON JONES, M. D. July 24 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9th, 1926, to July 22, 1926, that I last saw h[illegible] alive on July 22, 1926, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Myocarditis

Arterio Sclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.M. Symptoms

(Signed) Hampson Jones M. D.

, 19 (Address) 461 E. 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 26
20 UNDERTAKER	ADDRESS
Stephen Jones Inc	24 W Ft Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12685

CERTIFICATE OF DEATH.

90 E 12685

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary Ward 1)

2-FULL NAME Alice Henrietta Henderson

(a) RESIDENCE NO. Church Home & Infirmary Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Feb 11 1840

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	86	5	13	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: James A.

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta J. Henderson

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

9 Informant: Emily Henderson

(Address): Church Home & Inf

Filed ..... 19 .....

1926 Per C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 24, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 24, 1926, that I last saw her alive on July 24, 1926, and that death occurred, on the date stated above, at 5 15 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Chronic Myocarditis

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Not Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lemon H Norwood M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: July 26 1926

20 UNDERTAKER: McNeal & Son — ADDRESS: 1st & Broadway

Spec.—12-9-25—A Co.—200 Bks.

E 12686

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001 ✓ E 12686

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
City of BALTIMORE: (No._____ St. Cooks Lane and Edmondson Ave. Ward) 28-4

2-FULL NAME Katharine Louisa Cook

(a) RESIDENCE NO. Edmondson Ave., and Cooks St. Lane Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) November, 26th. 1864

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER John Cook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Pfeffer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Howard Co. Md.

14 Informant Belle M. Cook
(Address) Edmondson Ave & Cooks Lane

15 Filed 1926 C. HAMPSON JONES, M. D.
Per MPH. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 23rd. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11 1926 to July 23 1926
that I last saw h... alive on July 23 1926
and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure
A sid - Myocarditis
(duration) yrs. mos. 21 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Examination Wetherbee Lab.

(Signed) 7-24 1926 (Address) 20 E. Preston Street, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
New Cathedral Cem. Date of Burial July 26 1926

20 UNDERTAKER Jos. B. Cook ADDRESS 1003 W. Balto St.

Spec.—12-9-25—A Co.—200 Bks.

E 12687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 12687

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2317 Whittier Ave. St. 13-5 Ward)

2-FULL NAME Carrie H. Hazelton

(a) RESIDENCE NO. 2317 Whittier Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. A. Hazelton

6b DATE OF BIRTH (month, day, and year): October, 10th. 1865

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	9	11	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

8 BIRTHPLACE (city or town): Delaware

(State or country): Ind.

10 NAME OF FATHER: Lester Crane

11 BIRTHPLACE OF FATHER (city or town):

(State or country): U. S.

12 MAIDEN NAME OF MOTHER: Samson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): U. S.

Informant: J.A. Hazelton

(Address): 2317 Whittier St.

Filed_____ 19____ C. HAMPSON JONES, M. D. Registrar

1926 By AKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July, 23rd. 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1926, to July 23, 1926, that I last saw h.. alive on July 23, 1926, and that death occurred, on the date stated above, at 5.15 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 4 yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination & Urine Exam.

(Signed) G.W. Billups, M. D.

7/24, 1926 (Address) 2224 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: July 26 1926

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 N Bath St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12688 (12648) E 12688

CERTIFICATE OF DEATH.

X 127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arch Ferguson

(a) RESIDENCE NO. Darlington, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 5-22-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2 3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Arch Ferguson

(Address) Darlington Md.

Filed 6 1926 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25 1926.

17

I HEREBY CERTIFY, That I attended deceased from 7-20-26, 19, to 7-25-26, 19,

that I last saw him alive on 7-25-26, 19,

and that death occurred, on the date stated above, at 7.55 A m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 7-24-26

Was there an autopsy? No Diagnosis ? Gall Bladder

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington Md. DATE OF BURIAL July 28th 1926

20 UNDERTAKER Herbert S. Bailey ADDRESS Darlington Md.

Spec.—1-10-21—M&T—1500 Bks.

E 12689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12689

CERTIFICATE OF DEATH.

1453 90

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Washington B'lvd and West Baltimore Ave. (ST.) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine McColgan

(a) RESIDENCE NO. Washington B'lvd and West Baltimore Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew McColgan

DATE OF BIRTH (month, day, and year) Oct. 10th. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8 9	25 14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John T. Horn

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet Chalk

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Andrew Mc Colgan
(Address) Washington B'lvd&West Balto Ave.

Filed JUL 28 1926 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 24th 1926

17

I HEREBY CERTIFY, That I attended deceased from January 21, 1926, to July 24, 1926,

that I last saw her alive on July 10, 1926,

and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) cholecystitis, rheumatic arthritis and valvular heart disease (duration) over 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination.

(Signed) Henry C. Ohle, M. D.

July 25, 1926 (Address) 1200 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL July 27, 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Balto St

Spec.—12-9-25—A Co.—200 Blks.

E 12690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12690

CERTIFICATE OF DEATH.

1926

1-PLACE OF DEATH Baltimore Cor Fayson Sts.

City of BALTIMORE: (No. German Aged Home St., 90-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Humberg

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): October 4" 1834

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	91	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

10 NAME OF FATHER Mr. John Hohn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Regards German Aged Home

(Address) Balto & Fayson Sts.

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By ..... Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24" 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to July 24, 1926, that I last saw h.. alive on July 23, 1926, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Hanff, M. D.

7/25, 1926 (Address) 1843 W Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial July 26" 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

26 1926

Spec.—12-9-25—A Co.—200 Bks.

1926 12691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12691

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital

City of BALTIMORE: (No. ____ St., 7-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Nelson

(a) RESIDENCE NO. Mills Ave - Louisiana Highlands Md -

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced— HUSBAND of (or) WIFE of: Winifred Nelson

7 DATE OF BIRTH (month, day, and year): June 23 1864

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62 yrs.	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist - Gr

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Denmark

(State or country)

10 NAME OF FATHER: Mr. Nelson

11 BIRTHPLACE OF FATHER (city or town): Denmark

(State or country)

12 MAIDEN NAME OF MOTHER: Christina Hansen

13 BIRTHPLACE OF MOTHER (city or town): Denmark

(State or country)

Informant: Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19... By ... C. HAMPSON JONES, M. D.

JUL 26 1926 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 25, 1926, that I last saw him alive on July 25, 1926, and that death occurred, on the date stated above, at 12 50 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dorsey E. Martin, M. D.

July 27, 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Brooklyn Md. Date of Burial: July 27 1926

20 UNDERTAKER: Joseph M Cook ADDRESS: 1003 W Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12692

CERTIFICATE OF DEATH.

74-001

E 12692
REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. Md General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Sewell

(a) RESIDENCE NO. 1025 Madison Ave Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female
4 Color or Race: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (City or town)
(State or country) Colored Co. Md

10 NAME OF FATHER James Sewell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Eliza White

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant James Sewell
(Address) 505 N Eden St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D.
Registrar
6 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. T. Hennessy M. D.
(Coroner)

7/25 19 26 (Address) 280 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charles St. Cem. Date of Burial July 26, 26

20 UNDERTAKER Colored Co. ADDRESS 578 Edmondson Ave
Samuel R. Stemley

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12693

CERTIFICATE OF DEATH.

E 12693

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1738 E Lombard St. Ward 1)

2-FULL NAME Lucinda Thompson

(a) RESIDENCE NO. 1738 E Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? all life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dewitt Thompson

6 DATE OF BIRTH (month, day, and year): August 23 1840

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85	11 10	29	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country): New York City

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Martha Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): New York

14 Informant: Nicey K Gray

(Address): 1738 E Lombard

15 Filed 26 1926 HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from July 17 1926 to July 22, 1926.

that I last saw h__ alive on July 22, 1926

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorage

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Samuel P Wooding, M. D.

, 19 (Address) 27 S. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: July 27 1926

20 UNDERTAKER: Wendell Wiffels & Son ADDRESS 678 N

Spec.—1-10-21 M&T 1500 Blks.

E 12694

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 12694

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., 14-1 Ward)

2-FULL NAME David Frederick

(a) RESIDENCE No. 1624 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Elijah Frederick

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant

(Address)

Filed 2 6 1926 C. HAMPSON JONES, M. D. Registrar

Recd RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1926

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 21, 1926, that I last saw him alive on July 20, 1926, and that death occurred, on the date stated above, at 3 45 Am.

The CAUSE OF DEATH* was as follows:

Chronic and Acute Alcoholism

Alcoholic Psychosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

July 22 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

93871

Sonner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12695

CERTIFICATE OF DEATH.

113

E 12695

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Sonner

(a) RESIDENCE NO. 1428 Covington St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 2 ds.

(If non-resident give city or town and State)

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

7 DATE OF BIRTH (month, day, and year): 3-21 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3/12	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ____

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer: ____

9 BIRTHPLACE (city or town) ____

(State or country) Balto Md.

10 NAME OF FATHER John Sonner

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) W. Va -

12 MAIDEN NAME OF MOTHER Sophie Kaushe

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Pa -

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ____, 19 ____

6 1926 ____ Registrar

C. REMSEN JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 28

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 23, 1926, that I last saw h.. alive on July 23, 1926, and that death occurred, on the date stated above, at 4-30 m.

The CAUSE OF DEATH* was as follows:

Acute Entero-colitis (not dysentery)

(duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ____ yrs. ____ mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander Schaffner, M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C A Co. — Date of Burial 7-26 1926

20 UNDERTAKER: E H B Nash — ADDRESS 113 E Read St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12696

CERTIFICATE OF DEATH.

90 E 12696

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. University Hosp. Lombard & Greene ST. 24 WARD)

2-FULL NAME Frank A Carter

(a) RESIDENCE No. Wildwood Lane Mt. Wash. Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. One mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Apr. 28 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69		2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Asbury Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER M. C. Earecksen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Howard & W. Carter

(Address) Bush and Nanticoke Sts City

Filed 7-26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24-26

17

I HEREBY CERTIFY, That I attended deceased from 6-25-26, 19..., to 7-24-26, 19...,

that I last saw him alive on 7-24-26, 19...,

and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Laboratory

(Signed) N Bykendorf, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 7-26 1926

20 UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Orchard nr Eutaw

Cor.—12-9-25—A Co.—200 Bks.

Jemison

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12697

188-003 E 12697

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 14th ~~Ward~~)

2-FULL NAME Elizabeth F. Jemison

(a) RESIDENCE NO. 1624 ~~S.~~ Linden St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): wid

6a If ~~married, widowed, or divorced~~ (or) WIFE of Jos F. Jemison

7 DATE OF BIRTH (month, day, and year) unknown

AGE: Years 48 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) N. C.

10 NAME OF FATHER [illegible] Denton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Europe

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) [illegible]

14 Informant Elizabeth F. Jemison

(Address) 1624 Linden Ave

15 Filed_____, 19____ _____ Registrar

7-25-1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Cardiac Insufficiency

Following auto accident Previous (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. F. King M. D.

(Coroner)

July 25, 19 25 (Address) 1629 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: 7/26 1925

20 UNDERTAKER: Margaret G. Flynn ADDRESS: 1422 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12698
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 12698
REGISTERED NO.

City of BALTIMORE: (No. 1539 Alice Anna St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R. Harry

(a) RESIDENCE NO. 1539 Alice Anna St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Roofer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Maryland

10 NAME OF FATHER P. R. Harry

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Sees

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

Informant Clara V. Harry
(Address) 1539 Alice Anna St

Filed JUL 26 1926 H. A. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to July 24, 1926, that I last saw him alive on July 23, 1926, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardetis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. K. Mortimer M.D.
(Address) 2538 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: July 26 1926

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Pleet St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

No. 12699 — 129 E 12699

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 N. Mount St. St. 19-1 Ward)

2-FULL NAME Charles Anderson

(a) RESIDENCE NO. 509 N. Mount St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Anderson

7 DATE OF BIRTH (month, day, and year): May ,9 1859

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town):

(State or country): Howard Co. Md.

10 NAME OF FATHER: Unknown Anderson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Caroline ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Howard Co. Md.

Informant: Annie E. Hutching (Daughter)

(Address) 1200 N. Franklin St. Phila

Filed 7-26 1926 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 23rd. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 7th. 1926 to July 23rd. 1926

that I last saw him alive on July 22nd. 1926

and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstital Nephritis

Mitral Ins.

(duration) 1 yrs. /? mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter F. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

Date of Burial: 7/26 1926

20 UNDERTAKER: John H. Tondrin

ADDRESS: 1027 Druid Hill Ave

spec.—1-12-23—M&T—500 Bks.

Jane Edmonds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12700 E 12700

CERTIFICATE OF DEATH

74-001

1-PLACE OF DEATH St. Joseph's Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Calvert St. 183 WARD)

2-FULL NAME Mrs Jane Edmonds.

(a) RESIDENCE NO. 821 Lemmon St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of David Edmonds

DATE OF BIRTH (month, day, and year) unknown.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Henry Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant David Edmonds

(Address) 821 Lemmon St.

Filed JUL 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/14/26, 1926, to 7/22/26, 1926,

that I last saw her alive on 7/22/26, 1926

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alveolar Inflammatory Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/16/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. R. McCulloh M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Auburn Cem.

DATE OF BURIAL 7/26 1926

20 UNDERTAKER John A. Toadvine

ADDRESS 1012 Pitt St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12701

74-001

CERTIFICATE OF DEATH.

E 12701
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 842 Sharp St., N-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne Carter

(a) RESIDENCE NO. 842 Sharp St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Carter

7 DATE OF BIRTH (month, day, and year): 1876

AGE	Years	Months	Days	IF LESS than 1 day.....brs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co.

(State or country): Md

10 NAME OF FATHER: Nicholas Murray

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Elsie Locke

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: George Carter

(Address): 842 S. Sharp St.

15 Filed....., 19.....

Per ..... Registrar

C. THOMPSON JONES, M. D.

JUL 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to July 24, 1926, that I last saw h.. alive on July 23, 1926, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. F. McCarl, M. D.

, 19 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: 7/27 1926

20 UNDERTAKER: John H. Toadvine — ADDRESS: 182 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12702
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 12702
REGISTERED NO.

City of BALTIMORE: (No. 1232 E Lafayette av. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Diesel.

(a) RESIDENCE NO. 1232 E Lafayette av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 6 mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Annie Diesel.

7 DATE OF BIRTH (month, day, and year): July 15. 1840

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Germany.

10 NAME OF FATHER: Charles Diesel.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Annie Fiese.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Geo. F. Diesel.

(Address) 1232 E. Lafayette.

15 Filed 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July. 25. 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1926 to July 25, 1926 that I last saw him alive on July 24, 1926 and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Decalation of Uremia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Donaldson, M. D.

, 1926 (Address) 1714 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Cemetery July. 27. 1926

20 UNDERTAKER — ADDRESS

Geo. F. Puth 1735 Harford ave.

Spec.—1-16-21—M&T—1500 Bks.

E 12703

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-00

CERTIFICATE OF DEATH.

E 12703

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1613 N. Montford ave ST., 8-2 WARD)

2-FULL NAME Howard T. McMillan

(a) RESIDENCE NO. 1613 N. Montford ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 7-19-26.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER James F McMillan

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Catherin Purnell

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn N. Y.
(State or country)

Informant Catherin McMillan
(Address) 1613 N. Montford ave

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25- 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-19- 1926, to 7-25 1926, that I last saw h[illegible] alive on 7-24 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Injured by forceps at birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY —
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Chas. E. Cosser, M. D.

7-25, 1926 (Address) 110 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 26 1926

20 UNDERTAKER	ADDRESS
George F. Ruth	1735 Harford ave.

25 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12704 S 9

CERTIFICATE OF DEATH.

38 E 12704

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 5-V Ward)

REGISTERED NO. ____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Pere Brown Rose

(a) RESIDENCE NO. 615 E Pratt St. St. Balto Ward Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Ella Green

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ____ 19 ____ C. HAMPSON JONES, M.D. Registrar

JUL 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 23, 1926, that I last saw her alive on July 23, 1926, and that death occurred, on the date stated above, at 11 45a.m.

The CAUSE OF DEATH* was as follows:

Lues Nervosis

Malaria

(duration) ____ yrs. ____ mos. 17 ds.

CONTRIBUTORY (Secondary) Cholecystitis & Syphilis

unknown (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted Unknown

If not at place of death

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) M. Shelton, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westmoreland County, Va. Date of Burial: July 26 1926

20 UNDERTAKER: Geo. F. Ruth ADDRESS: 1735 Harford Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926

E 12705

CERTIFICATE OF DEATH.

E 12705

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2647 N. Calvert St. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Diana Mann

(a) RESIDENCE NO. 2647 N. Calvert St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan A. Mann

7 DATE OF BIRTH (month, day, and year): Jan. 17th. 1857

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Illinois

10 NAME OF FATHER Daniel Short

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Diana Pittofish

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

Informant: Nathan A. Mann

(Address) 2647 N. Calvert St.

Filed G. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 24th. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 15 1925 to July 24 1926, that I last saw h.. alive on July 24 1926, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Combined Sclerosis of the Spinal Cord-

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat-exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical-

(Signed) Andrew C. Sellers M. D.

19 (Address) 1033 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery.

Date of Burial: July 26 1926.

20 UNDERTAKER: Chas F. Evans & Son

ADDRESS: 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12706

E 12706

113

CERTIFICATE OF DEATH.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1062 N Amity ST., 18 WARD)

2-FULL NAME Kelly Jackson

(a) RESIDENCE NO. 1062 No Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 11, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto Md

(State or country)

10 NAME OF FATHER Willie Jackson

11 BIRTHPLACE OF FATHER (city or town) Westmoreland Co

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) Westmoreland Co

(State or country) Va

Informant Willie Jackson

(Address) 1062 N Amity

Filed 2-6 1926 C. HAMPTON JONES, M.D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to July 24 1926,

that I last saw her alive on July 24, 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Ealers Colitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Howell M.D.

, 19 (Address) 1191 N Arrolton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Auburn Cem | DATE OF BURIAL July 26 '26

20 UNDERTAKER Wm Earlom | ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

E 12707 Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 12707

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1319 Brunswick St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Johnson

(a) RESIDENCE NO. 1319 Brunswick St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 24 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Mulatto colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Jan. 29, 1924

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country) Md.

10 NAME OF FATHER Wm. Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mandy Draper

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

Informant Mrs. Johnson

(Address) 1319 Brunswick

Filed 1926 C. HAMPSON JONES, M. D. Registrar

by R. C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) and other Intestinal

(duration) yrs. mos. ds.

(Signed) J. T. Henderson M. D.

(Coroner)

July 25, 1926 (Address) 2 Normandy Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. d.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial July 26 1926

20 UNDERTAKER Dame Easton ADDRESS Bel Air

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12708

CERTIFICATE OF DEATH.

113 E 12708

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Hollins ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie L. Seifert

(a) RESIDENCE NO. 921 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Mar 31 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	23 24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER James Seifert

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Foreman

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country) Md

Informant James Seifert
(Address) 921 Hollins

Filed 1926 C. HAMPSON MILES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 18 1926 to July 24 1926

that I last saw h live on July 24 1926

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis Colitis
(Primary)
(duration) yrs. mos 7 ds.

CONTRIBUTORY Tuberculosis
(Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. M. Campbell M. D.

July 24 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: July 26th 1926

UNDERTAKER: John F. Lawyer & Son — ADDRESS: 901 Hollins

per J. F. Lawyer

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12709

CERTIFICATE OF DEATH.

49 E 12709

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2101 Lake St., 9-X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helen Stembridge

(a) RESIDENCE NO. 2101 Lake St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Reginald Stembridge

6 DATE OF BIRTH (month, day, and year) Mch. 29-1853

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	3	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)_____

(State or country) Scotland

10 NAME OF FATHER Peter Kippie

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Helen Watson

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Scotland

Informant Mrs. S Stembridge

(Address) 2101 Lake ave

Filed_____ 19_____

Per_____ Registrar

C. THAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 23-26

17

I HEREBY CERTIFY, That I attended deceased from January 1-26 to July 23-26

that I last saw h.. alive on July 23 19 26,

and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Brain tumor

(Sarcoma)

(duration) yrs. 7 mos. ds.

CONTRIBUTORY Myocarditis

(Secondary)

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edgar P. Lyon, M. D.

, 19 (Address) 15 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Leader Hill July 24 1926.

20 UNDERTAKER ADDRESS

J Fenwick McCully 128 E Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Campbell

E 12710

CERTIFICATE OF DEATH.

3 E 12710

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 Light St 24-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes L. Johnson

(a) RESIDENCE NO. 1609 Light St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: —

7 DATE OF BIRTH (month, day, and year): June 16 1908

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: Henry L. Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Hattie Kendall

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

Informant: Mrs. L. Johnson

(Address): 1609 Light St.

Filed: JUL 26 1926

By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 23 - 26

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 26, to July 23, 19 26, that I last saw h— alive on July 23, 19 26, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. H. Campbell M. D.

19 26 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	7/28 1926
20 UNDERTAKER	ADDRESS
J. Few McCully	1305 Fort

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12711

CERTIFICATE OF DEATH.

X187-006

E 12711

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Pfaff

(a) RESIDENCE NO. 10 Admiral Hwy (St.) Dundalk Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen A. Pfaff

7 DATE OF BIRTH (month, day, and year): Feb. 16, 1900

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	5	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Fitter

(b) General nature of industry, business, or establishment in which employed (or employer): Steel Co.

(c) Name of employer: Bethlehem Steel Co.

BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER: Geo. Pfaff

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Kathryn Lahr

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

Informant: Helen A. Pfaff

(Address): 10 Admiral Hwy

Filed....., 19... C. HARRISON JONES, M. D. Registrar

Per

S 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon, and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fractures and crushing wounds of body. (accidental) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by falling hook from crane (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

7/26, 1926 (Address) 702 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: July 27 1926

20 UNDERTAKER: E. Schlemaudon ADDRESS 1039 Fairmount

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12712

CERTIFICATE OF DEATH.

90 E 12712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 19-2 WARD)

2-FULL NAME Peter Ahern

(a) RESIDENCE NO. 104 South Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John Ahern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant City Hospital Records (Address)

Filed [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 23, 1926,

that I last saw him alive on July 22, 1926,

and that death occurred, on the date stated above, at 10 55 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis, Chronic Myocarditis.
Residual Right Hemiplegia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Smith, M. D.

July 24 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease ~~Causing Death~~, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 27 1926
20 UNDERTAKER	ADDRESS
John J Fields	1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

12713 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12713

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Aisquith ST 9-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benedict Grandy

(a) RESIDENCE NO. 1446 Aisquith ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? 44 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Grandy

DATE OF BIRTH (month, day, and year) Oct. 26 - 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker 014

(b) General nature of industry, business, or establishment in which employed (or employer) Stiff Piano Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Stephen Grandy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mrs. Dambacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Margaret Grandy

(Address) 1446 Aisquith St

Filed JUL 26 1926 H. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1926, to July 25, 1926.

that I last saw her alive on July 25, 1926,

and that death occurred, on the date stated above, at 3.27 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma - Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray.

(Signed) John C. Schenuit, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 28, 1926
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12714

CERTIFICATE OF DEATH.

B 24 90

E 12714

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 E. 36th St.) St., 13 Ward)

2-FULL NAME Sarah C. Lippy

(a) RESIDENCE NO. 1204 E. 36th St. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William D. Lippy

7 DATE OF BIRTH (month, day, and year): July 18-1860

AGE: Years 66 | Months — | Days 7 | IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Carroll Co. Md.

10 NAME OF FATHER: John Meyers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza Meyers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

Informant: Joseph E. Lippy

(Address): 1204 E. 36th St.

Filed 6 1926 19 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 19 26.

17

I HEREBY CERTIFY, That I attended deceased from April 19 25, to July 25, 19 26

that I last saw h.er alive on July 25, 19 26

and that death occurred, on the date stated above, at 5 15 A. m.

The CAUSE OF DEATH* was as follows:

Ch. Valv. heart disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin.

(Signed) T. WOOD HOLT, M. D.

7/26 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Krider's Cemetery Westminster Md. Date of Burial July 27 1926

20 UNDERTAKER: Horace A. Burgee ADDRESS 3131 Hallo Rd.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12715

CERTIFICATE OF DEATH.

75-901 E 12715

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 24 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Krawczyk

(a) RESIDENCE NO. 1120 Hanbut ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Joe Bender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant City Hospital Records (Address)

Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 23, 1926, that I last saw her alive on July 23, 1926, and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Rt cerebral right Hemiplegia

(duration) ? yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general laboratory

(Signed) R Hooper Lovett M. D.

July 24 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill Nat. Cem.

DATE OF BURIAL July 26 1926

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

12716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 12716

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Eliftwood ave ST. 6-1 WARD)

2-FULL NAME Mary Kirchenhofer

(a) RESIDENCE NO. 2033 Eliftwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND) of (or) WIFE of Geo. Kirchenhofer

DATE OF BIRTH (month, day, and year) Feb 2-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lyons, New York.

10 NAME OF FATHER Chas. Reinhard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Fredericka C. S. Woulbon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Wack

(Address) 2033 Eliftwood ave

Filed 7 26 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to July 24, 1926, that I last saw her alive on July 24, 1926, and that death occurred, on the date stated above, at 11.00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uraemia + Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Albert Eisenberg M. D.

7/25 1926 (Address) 2027 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 27 1926

UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12717 89E 12717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. 3837 Park Heights Ave. ST. 15-3 WARD)

2-FULL NAME Ralph Sachs

(a) RESIDENCE NO 3837 Park Heights Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND) of (or) WIFE of Theresa Sachs

TE OF BIRTH (month, day, and year) March 9th. 1856.

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	15	

CUPATION OF DECEASED
) Trade, profession or rticular kind of work Manufacturer's Agent.
) General nature of Industry, siness, or establishment in hich employed (or employer)

Name of employer Rugs etc.

THPLACE (city or town) Baltimore, Md.
ate or country)

NAME OF FATHER Philip Sachs

BIRTHPLACE OF FATHER (city or town) Germany
State or country)

MAIDEN NAME OF MOTHER ---------- Levy

BIRTHPLACE OF MOTHER (city or town) Germany
State or country)

formant Mr. Robert Ansell (Son in law)
ddress) 3832 Park Heights Ave.

d JUL 26 1926. er E. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24th. 1926.

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Ins death on the day stated above.
The CAUSE OF DEATH* was as follows:

Angina Pect.

(Duration) ..... yrs. 7 mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. L. Blades, M. D.
(Corner)
July 24/26 (Address) 143 N. Bway

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL July 26 1926

20 UNDERTAKER David Sondheim

ADDRESS 15-20 So. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1897 69 E 12718

CERTIFICATE OF DEATH.

49 E 12718

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. 5 St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sol Friedberg Friedberg

(a) RESIDENCE NO. Norfolk Va St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Friedberg

7 DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER Simon Frieberg

11 BIRTHPLACE OF FATHER (city or town) Ger

(State or country)

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) Ger

(State or country)

Informant Nearest

(Address) JOHNS HOPKINS HOSPITAL

FILED 1926 C. HAMPSON JONES, M. D. Registrar

L26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17

I HEREBY CERTIFY, That I attended deceased from March 5 1926 to July 25 1926, that I last saw him alive on July 25 1926 and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis Pulmonary

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma of Urinary Bladder

(duration) yrs. 6 mos. ds.

18 Where was disease contracted At home

If not at place of death?

Did an operation precede death? Yes Date of May 26 26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert Sonnenkar, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Date of Burial July 26 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12719

CERTIFICATE OF DEATH.

123 E 12719

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 14 WARD)

2-FULL NAME Mrs. Fanny Hoffenberg

(a) RESIDENCE NO. 1719 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Barnard Hoffenberg

DATE OF BIRTH (month, day, and year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Louis —

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Theresa —

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

Informant W. Hoffenberg

(Address) 1719 Linden Ave.

Filed ..... 19 ..... HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26/26 19

17

I HEREBY CERTIFY, That I attended deceased from June 10 , 1926 , to July 26 , 1926 .

that I last saw h alive on July 26 , 1926 .

and that death occurred, on the date stated above, at 5-50 P. m.

The CAUSE OF DEATH* was as follows:

Immediate Cause: Cardiac Failure

Antecedent Cause: ~~Diabetes~~ ~~Chronic Nephritis~~

(duration) yrs. mos 39 ds.

CONTRIBUTORY (Secondary) Chronic Hypertension - Obesity -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chronic Hypertension

Did an operation precede death? Yes Date of 6/17/26.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bait. Hebrew	July 28 19 26
20 UNDERTAKER	ADDRESS
Jos. Levi	1107 E. Fayette St

c.—1-12-23—M&T—500 Bks.

E 12720 HEALTH DEPARTMENT—CITY OF BALTIMORE

99-E 12720

CERTIFICATE OF DEATH.

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1432 W. Baltimore ST. 5-1 WARD)

2-FULL NAME Mrs. Ethel Jacobs

(a) RESIDENCE No. 1432 W. Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Jacobs

ATE OF BIRTH (month, day, and year) Jan. 5, 1855

GE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	71	6	20 21	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Poland

NAME OF FATHER Label Levinson

BIRTHPLACE OF FATHER (city or town) (State or country) Poland

MAIDEN NAME OF MOTHER Flora Freidenberg

BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Isaac Jacobs
(Address) 1432 W. Balto St

[illegible] 1926 H. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10th., 1926, to July 25th, 1926, that I last saw her alive on July 25th, 1926, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw V Cockalan, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern and	July 27 1926
20 UNDERTAKER	ADDRESS
Isaac Lewis	1439 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 12721

CERTIFICATE OF DEATH.

E 12721

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1915 Bank Street St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Weber Sr.

(a) RESIDENCE NO. 1915 Bank Street St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes . Weber

7 DATE OF BIRTH (month, day, and year) Nov. 17 1866

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	8	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Paver

(b) General nature of industry, business, or establishment in which employed (or employer) Balto . City

(c) Name of employer

BIRTHPLACE (city or town) Poland

(State or country)

10 NAME OF FATHER Michael . Weber

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Frances. Zuromska

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

Informant Mr Joseph . Weber Jr.

(Address) 1915 Bank Street

Filed JUL 26 1926 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 7/25/26

17 I HEREBY CERTIFY, That I attended deceased from 7/21, 19 26 to 7/20, 19 26, that I last saw h.. alive on 5/25, 19 26, and that death occurred, on the date stated above, at 12 20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

5

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Was there an operation precede death? Date of

What test confirmed diagnosis? Physical Signs

(Signed) Hearn Wilson M. D.

, 19 26 (Address) 1325 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Date of Burial July 29 1926

20 UNDERTAKER John McWeber ADDRESS 1803 Bank St

Spec.—12-9-25—A Co.—200 Bks.

E 12722

HEALTH DEPARTMENT—CITY OF BALTIMORE

172-002 E 12722

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 723 S. Montford Avenue St. 1-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wiktorya. Kurowski

(a) RESIDENCE NO. 723 S. Montford Avenue St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 25 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank . Kurowski

DATE OF BIRTH (month, day, and year) August 7 1870

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	11	13 17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Poland

(State or country)

10 NAME OF FATHER Geo. Wojdanowicz

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Josephine.Kuczynski

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

Informant Mr. Frank . Kurowski

(Address) 723 S. Montford Avenue

Date 7-26 1926 H. M. [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 7/24/26

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 23, 1926, that I last saw h.. alive on _____, 1926, and that death occurred, on the date stated above, at 620 A. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of the Liver

(duration) ___ yrs. 6+ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Krudoyn M. D.

7/25, 1926 (Address) 918 E. Fayette st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Date of Burial July 27 1926

20 UNDERTAKER John M. Weber ADDRESS 1803 Bank

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

194

12723

CERTIFICATE OF DEATH.

REGISTERED 12723

1-PLACE OF DEATH Promenade Annex

City of BALTIMORE: (No. St. Joseph Hospital St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Marquardt

(a) RESIDENCE NO. 233 N Rose St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

7 DATE OF BIRTH (month, day, and year) Sept 3. 1876

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	10	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal

(c) Name of employer Woodford Coal Co

BIRTHPLACE (city or town)

(State or country) Salt Lake City

10 NAME OF FATHER Wm H F Marquardt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER E Kaiser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt Lake City

Informant John F Marquardt

(Address) 233 N Rose St

Filed 1926 Per C. THAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Heat Prostration

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Ruben, M. D. (Coroner)

7/25 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial July 26 1926

20 UNDERTAKER Louis J Heeman ADDRESS Broadway

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12724
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 12724
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 1124 S. Ellwood ave ST., 4 WARD)

2-FULL NAME William E. Keith

(a) RESIDENCE No. 1124 S. Ellwood ave ST., 1 WARD
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced, (write the word): M

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Keith

DATE OF BIRTH (month, day, and year): Mar 24-1878

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	47	8	29	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter 015
(b) General nature of industry, business, or establishment in which employed (or employer): Shipyard
(c) Name of employer: Co.

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: Oliver Keith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ...

Informant: Mary E. Keith
(Address): 1124 S Ellwood Ave.

Filed 2-6 1926 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-23-26 19

17 I HEREBY CERTIFY, That I attended deceased from 7-19-26, 19 ..., to 7-23-26, 19 ...
that I last saw him alive on 7-23-26, 19 ...
and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(duration) yrs. 6 mos ds.
CONTRIBUTORY (Secondary): Myocardial Insufficiency
(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs
(Signed) J. B. Bronstein, M. D.
7-25-26 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cat Cannel Cemetery — DATE OF BURIAL: July 26 1926

20 UNDERTAKER: J A Curran — ADDRESS: 3002 E Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12725

CERTIFICATE OF DEATH.

179 E 12725

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 2-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Robowski

(a) RESIDENCE NO. 727 N. Ann St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or ~~WIFE~~ of) Anna Robowski

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
3d				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Jacob Robowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant (Address) Mrs. Anna Robowski 727 N. Ann St.

DEC 26 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-19, 1926, to 7-24, 1926

that I last saw ~~him~~ alive on 7-24 1926

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic cardiac lesions

Chronic nephritis

Heart failure.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy-Rosary Cem.,	July 28, 1926,
20 UNDERTAKER	ADDRESS
M. F. Sadowski,	705 S. Ann St

Spec.—J-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12726

CERTIFICATE OF DEATH.

129E 12726

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST. 772 WARD)

2-FULL NAME Peter Black

(a) RESIDENCE NO. 706 S. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Illinois

10 NAME OF FATHER Joshua Black

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Florida

12 MAIDEN NAME OF MOTHER Annie ?.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Florida

Informant City Hospital Records
(Address)

Filed 1926 C. HAMPSON JONES, M. D.
For R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 24, 1926.
that I last saw him alive on July 24, 1926,
and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Relative Mitral Insufficiency
Chronic Nephritis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? general laboratory

(Signed) R. Hooper Smith M. D.

July 25 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	July 26 1926

20 UNDERTAKER Walter B. Spicer ADDRESS 139 Hamburg St.

Spec.—12-9-25—A Co.—200 Bks.

12727

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 12727

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 570 Bloom St. 14-1 Ward)

2-FULL NAME Rachal Heiner

(a) RESIDENCE NO. 570 Bloom St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	22			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) Russia

10 NAME OF FATHER Abraham Heiner

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Heiner

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

Informant Jake Berkman

(Address) 822 Lombard St

Filed JUL 26 1926 HAMPSON Jones M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 25, 19 26, to July 26, 19 26

that I last saw h.. alive on July 26, 19 26

and that death occurred, on the date stated above, at 9 30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Louis Rosenthal, M. D.

19 (Address) 2200 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int Carmel — Date of Burial July 27, 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

12728

HEALTH DEPARTMENT—CITY OF BALTIMORE

12728

CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 21-2 WARD)

2-FULL NAME Charles B Weidemeyer

(a) RESIDENCE NO. 1169 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Weidemeyer

DATE OF BIRTH (month, day, and year): Dec. 7, 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): N. Y.

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): not given

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not given

Informant: Mrs Mary Dietrich (daughter)

(Address) 1169 W. Baltimore St

1926 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-24 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-13, 1926, to 7-24, 1926,

that I last saw him alive on 7-24, 1926,

and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mandible & Neck. Pneumonia Terminal

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Theron Alexander, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: July 27 1926

20 UNDERTAKER: Wm. Wm. J. W. Leufel & Son

ADDRESS: 501 W. Fayette

Cor.—1-12-23—M&T—100 Bks.

E 12729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12729

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ITY OF BALTIMORE: (No. Found Caldwell Platt St 1753 WARD)

2-FULL NAME Hannah Barry

(a) RESIDENCE NO. (Covington Md) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	col	?

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	about 1		

CCUPATION OF DECEASED
a) Trade, profession or particular kind of work 087
b) General nature of industry, business, or establishment in which employed (or employer)
c) Name of employer

RTHPLACE (city or town) (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town) (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town) (State or country)

nformant Police Dept
Address)

ed 1926 C. HAMPSON JONES, M. D.
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found dead 20 July 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned -
accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. J. Riley, M. D.
(Coroner.)

July 23, 1926 (Address) 1439 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12730 74-001 E 12730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1747 Light St. 23-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Welch

(a) RESIDENCE NO. 1747 Light St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Michael B. Welch

7 DATE OF BIRTH (month, day, and year) — — 1857

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housk. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Ireland

10 NAME OF FATHER Peter Gill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Gaitley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Nellie Welch

(Address) 1747 Light St.

Filed ..... 19 ..... Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 24, 1926

that I last saw h alive on July 24, 1926

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell, M. D.

July 26, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A&C Date of Burial July 27 1926

20 UNDERTAKER A. Gahagan Sons ADDRESS 1917 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12731

CERTIFICATE OF DEATH.

129 DE Koldrun

E 12731

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 32 Powell Ave. St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Logue

(a) RESIDENCE NO. 32 Powell Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Logue

7 DATE OF BIRTH (month, day, and year): July 24, 1852

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer): House-work

(c) Name of employer

BIRTHPLACE (city or town): City

(State or country)

10 NAME OF FATHER: John J. O'Reilly

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: May A Callaghan

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

Informant: Felix Logue

(Address) 32 Powell Ave.

Filed 1926 By C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to July 23, 1926, that I last saw h.. alive on July 23, 1926, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore Kelly M. D.

July 25, 1926 (Address) 1900 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

Date of Burial: 7/27/1926

20 UNDERTAKER: E. C. Fanning & Son

ADDRESS: 1938 Lafayette

Spec.—1-10-21—M&T—1500 Blks.

12732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 12732

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. 31 WARD)

2-FULL NAME Michael Weglein

(a) **RESIDENCE** NO. 118 S. High ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nana Weglein

DATE OF BIRTH (month, day, and year) 3/9 1889

AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
37 yrs.	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box maker

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Conrad Weglein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Cath Weglein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Nana Weglein
(Address) 118 S High St

Filed 1926 C. 19 HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 11 26, 1926, to July 23, 1926.
that I last saw h.M alive on July 23, 1926.
and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W E Gatchell M. D.

, 19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 7/27 1926

UNDERTAKER George J Ruth — ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12733

CERTIFICATE OF DEATH.

1012 12733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. Balto. City Hospital ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Kath. Smith

DATE OF BIRTH (month, day, and year) [illegible] 1848

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not Employed

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER ? Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Marie Talbott

(Address) 3806 Old Frederick Road

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July [illegible] 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926 to July 24, 1926.

that I last saw him alive on July 24, 1926,

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene Right Foot.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia Left Base (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Balto City Hospital

Did an operation precede death? yes Date of July 12, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. Boswell, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 27, 1926

20 UNDERTAKER C. W. Dill

ADDRESS 3709 Frederick Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12734

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home for the Aged M.E. Church — Registered No. 5129

City of BALTIMORE: (No. 400 N. Fulton Ave St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Beam

(a) Residence No. 400 N. Fulton Ave St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Melvina J. Beam

DATE OF BIRTH (month, day and year) Oct 26, 1842

AGE, 83 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

BIRTHPLACE (city or town) Balto Co
(State or Country), Md.

10-NAME OF FATHER, Henry Beam.

11-BIRTHPLACE OF FATHER (city or town) Balto Co.
(State or Country). Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Zorn

13-BIRTHPLACE OF MOTHER (city or town) Balto Co.
(State or Country), Md.

(Informant) Miss E. Cuddy

(Address) 400 N. Fulton Ave

AUG 6 1926 C. HAMPSON JONES, M. D., Registrar.

Per A.C.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 25, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Sept 14, 1926 to July 25 1926

that I last saw h~~im~~ alive on July 24 1926,

and that death occurred, on the date stated above, at 2 15 A m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shannon M. D

19 (Address) 700 N. Fulton Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	July 27 1926

20-UNDERTAKER, George J. Smith — ADDRESS 1532 Hollins

pec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12735

CERTIFICATE OF DEATH.

(Mar 213) E 12735

1-PLACE OF DEATH Glenmore Ave; near Loyola REGISTERED NO.

ITY OF BALTIMORE: (No. ST.: 2711 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Kellough

(a) RESIDENCE. No. Glenmore Ave Near ST. Loyola WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander Kellough

DATE OF BIRTH (month, day, and year): May 13 - 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64		2	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: ~~unknown~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Alexander Kellough

Address: 2281 Tyson Ave

Filed: a. m. 1926 C. HAMPSON JONES, M. D. Registrar

Per: A.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/23 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/15, 1926 to 7/23, 1926, that I last saw h~~er~~ alive on 7/23/26, 19, and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis Lethargica

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY* (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Holley M. D.

7/23 1926 (Address) 5012 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 7-26-26

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Death Hollins St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12736

CERTIFICATE OF DEATH.

20 E 12736

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St., 8-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Martin Milchling

(a) RESIDENCE NO. 2012 Belair ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

7 DATE OF BIRTH (month, day, and year): June 17/1908

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book Binder 064

(b) General nature of industry, business, or establishment in which employed (or employer): Young & Seldon

(c) Name of employer

BIRTHPLACE (city or town): Balto. City

(State or country)

10 NAME OF FATHER Henry F. Milchling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Elizabeth F. Besold

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Co Md

Informant Henry F.Milchling

(Address) 2012 Belair Ave

Filed C. HAMPSON JONES, M. D.

1926 Per RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracrainal Hemorrhage
Accidently hit by apitched baseball

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Pallen M. D.

(Coroner)

7/26/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial July 28 1926

20 UNDERTAKER: Fred H. Lassahn & Sons ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Bks.

E 12737

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12737

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1st Gunboat ST., 26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Donald

(a) RESIDENCE NO. 4 Elmar Ave ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alexander Donald

DATE OF BIRTH (month, day, and year) May 19 - 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insp.

(b) General nature of industry, business, or establishment in which employed (or employer) Meter Dept.

(c) Name of employer Gas & Elec. Co.

BIRTHPLACE (city or town) (State or country) Scotland

10 NAME OF FATHER Chas Donald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Betsy Anger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant Deceased

(Address)

Filed ....., 19 C. HARRISON JONES, CL.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 Sept 26

17

I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

that I last saw h.. alive on 11 / 26 19.....,

and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

- Fatty Degeneration of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/14/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. A. Tompkins, M. D.

, 19 (Address) 701 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL July 30 1926

20 UNDERTAKER Fred H. Lassahn Sons — ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12738

CERTIFICATE OF DEATH

10E 12738

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1128 N. Mount ST., 15-13 WARD)

2-FULL NAME Louis Forman

(a) RESIDENCE No. 1358 Fremont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) ? (State or country) Maryland

[redacted] NAME Nathan Forman

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME Wade

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ? Maryland

Informant Hospital Records (Address)

Filed 2-2-26, 19 C. HAMPSON JONES, M. D. Registrar

Per PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 26, 1926, that I last saw him alive on July 26, 1926, and that death occurred, on the date stated above, at 11:45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left Lung, Lower Lobe)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) T. J. Mother, M. D.

, 19 (Address) 1128 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Bay Cem	July 29, 1926
20 UNDERTAKER	ADDRESS
Eastern Ave Chapel	

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12739 74-001 E 12739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110-E-20th.Street ST., 17-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella McLean Bingley

(a) RESIDENCE NO. 110-E-20th.Street ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 80 yrs. 2 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Rev.Charles V.Bingley

DATE OF BIRTH (month, day, and year) May-5-1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Cambridge (State or country) Maryland

10 NAME OF FATHER Thomas M.Anderson

11 BIRTHPLACE OF FATHER (city or town) Cambridge (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Eccleston

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Maryland

Informant Mr.C.McLean Bingley (son)

(Address) 322 Spalding Ave-City.

Filed July 27 1926 C. HARRISON JONES, M. D. Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3rd, 1926, to July 25th, 1926, that I last saw h.er alive on July 22, 1926, and that death occurred, on the date stated above, at 12.10P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 22 ds.

CONTRIBUTORY (Secondary) Ephemeritis (duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Physical examination

(Signed) E. Jilly, M. D.

July 27 1926 (Address) 5 N Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July-27-26.

UNDERTAKER: STEWART & WOODEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W.NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12740

CERTIFICATE OF DEATH.

90 E 12740

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Roland Ave. ST. 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elspeth Fisher

(a) RESIDENCE NO. 3608 Roland Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Fisher

DATE OF BIRTH (month, day, and year) Oct 15-1836

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	9 11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Glascow, Scotland

10 NAME OF FATHER John Roberton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Maria M. Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant Mrs Ed Benson

(Address) 3608 Roland Ave.

Filed JUL 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to July 26, 1926, that I last saw her alive on July 25, 1926, and that death occurred, on the date stated above, at 1 05 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (Hypostatic)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hart F. Benson, M. D.

, 19 (Address) 5111 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL July 28 19 26

UNDERTAKER H. B. Marshall ADDRESS 3539 Fall Rd

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12741

99-002

CERTIFICATE OF DEATH.

E 12741

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 125 N. Hare St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar C. Berner

(a) RESIDENCE NO. 125 N. Hare St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Sept 13, 1914

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	10	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) M. d.

10 NAME OF FATHER John M. Berner

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) M. d.

12 MAIDEN NAME OF MOTHER Gertrude C. Tiernan

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) M. d.

Informant John M. Berner

(Address) 125 N. Hare St

Filed ..... 19 .....

HAMPSON JONES M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25. 1926

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1926 to July 25, 1926

that I last saw him alive on July 23, 1926

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Suppurative Bronchiectasis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Hartman F. Lyon M. D.

, 19 (Address) 72 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Carmel Cem.	July 28 1926
20 UNDERTAKER	ADDRESS
H. Lander Sons	1710 East Ft

27 1926

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 12742
1 PLACE OF DEATH

CERTIFICATE OF DEATH

1294 E 12742
REGISTERED NO. C

CITY OF BALTIMORE (No. 1331 N. Lafayette Ave ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie L. Pulley

(Residence in Baltimore: No. 1331 N. Lafayette Ave St.; 48 yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 6 (Day), 1878 (Year)

7 AGE: 48 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Bolden

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary J. Hardy

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles A. Pulley

(Address) 1331 N. Lafayette Ave.

15 FILED JUL 27 1926 19[illegible]

C. HAMPSON JONES, M. D.
REGISTRAR

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 24 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to July 24, 1926
that I saw her alive on July 24, 1926
and that death occurred, on the date stated above, at 6 p. m.
The CAUSE OF DEATH* was as follows:

Edema of the Lungs
Mitral Insuffiency

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) Nephritis and Uremic Coma (Dont know)

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) [illegible] M. D.

July 26 1926 (Address) 1029 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 27 1926

20 UNDERTAKER: Jam's W. Chase Sons — ADDRESS: 1400 Mosher

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12743

CERTIFICATE OF DEATH.

46 ✓ E 12743

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1910 Ellwood Place St., 8-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura B. Elliott

(a) RESIDENCE NO. 1910 Ellwood Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Elliott

7 DATE OF BIRTH (month, day, and year) Aug 30/1873

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	10	23 24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER Caspar Steine

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Edith -------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

Informant James F Elliott

(Address) 1910 Ellwood Place

Filed 7 1926 By G. HAMPTON JONES, M. D. Registrar Per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterine Cancer

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Collins M. D.

(Coroner)

7/26/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 7/27 1926

20 UNDERTAKER George J Ruth ADDRESS 1435 Hanford Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12744

CERTIFICATE OF DEATH.

57 E 12744

REGISTERED NO.

1-PLACE OF DEATH West Balto. Gen. Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raymon Ave - Dukeland ST. 15-13 WARD)

2-FULL NAME Mr. Isaac S. Deems

(a) RESIDENCE NO. 1658 W. North ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Deems

6 DATE OF BIRTH (month, day, and year) Feby 21 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna Rail Road

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Jacob Deems

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Saunders

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

Informant Mrs Wilmer H. Garrett

(Address) 2708 Parkwood Ave

Filed 1926 (C. HAMPSON JONES, M. D.) Registrar

Per R.J.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from July-1- 1926, to July-25- 1926, that I last saw h[illegible] alive on July-25- 1926, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(Diabetic Gangrene)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Manitis & Cirdosis. Senile Psychosis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July-1-9-1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) R. Parker, M. D.

July 25 1926 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Ameterg — DATE OF BURIAL July 28 1926

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12745 E 12745

CERTIFICATE OF DEATH.

Registered No. 8-4 194

1-PLACE OF DEATH

City of BALTIMORE: (No. 1221 N. Bond St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ernest F. Mueller

(a) Residence No. 1221 N. Bond St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced (Write the word.) Widowed

6-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Frida A. Mueller

7-DATE OF BIRTH (month, day and year) 6. 9. 1829

8-AGE. 97 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). Tailor

(c) Name of employer.

BIRTHPLACE (city or town) (State or Country). Germany

10-NAME OF FATHER. Ernest F. Mueller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

(Informant) Mrs. Wm. Foster

(Address) 1221 N. Bond St.

1926 C. H. JAMESON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7. 25. 26.

17-I HEREBY CERTIFY, That I attended deceased from July 23d, 1926, to July 25th, 1926, that I last saw him alive on July 24th, 1926, and that death occurred, on the date stated above, at 5 o'clock p. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Extreme Heat

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter H. A. Meyer, M. D.

7 26, 1926 (Address) 1031 N. Caroline st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Emanuel Cem

DATE OF BURIAL, July 27 1926

20-UNDERTAKER. Jno C. Wildesen

ADDRESS 2334 Jeffer[illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 12746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12746

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N Madeira St., 7 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret B Wagner

(a) RESIDENCE NO. 620 N Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed,~~ or Divorced. (~~write the word~~): Married

If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: Edward A. Wagner

DATE OF BIRTH (month, day, and year): July 3 1873

AGE: 53 Years — Months — Days 22 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: George Many

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Edward A. Wagner

(Address): 620 N Madeira St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 25, 1926, to July 26th, 1926,

that I last saw ~~her~~ alive on July 25, 1926,

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency of heart

(duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary): general Anasarca

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) Barry Kleibel M. D.

7/27, 1926 (Address) 1224-1226 Hanover Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 28 1926

20 UNDERTAKER: Jas C. Miller & Son — ADDRESS: 233 E Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12747

CERTIFICATE OF DEATH.

113 E 12747

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 E. Madison 7-1 Ward)

2-FULL NAME Gloria T. Distance

(a) RESIDENCE NO. 1612 E. Madison. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Feb. 1 1926

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Celia Distance

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

Informant: Joseph Distance

(Address) 1612 E. Madison

Filed ..... 19 .....

27 1926 Per ..... Registrar

C. HARRISON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17 I HEREBY CERTIFY, that I attended deceased from July 20, 1925, to July 25, 1926, that I last saw h.[illegible] alive on July 25, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Enteros Colitis

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) (dietary indiscretion)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? stone

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

7/26 1926 (Address) 1429 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashbury Cemetery Date of Burial July 26 26

20 UNDERTAKER: Mrs. P. A. Elliott ADDRESS 1125 Ashland Av

c.—1-12-23—M&T—500 Bks.

E 12748 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12748

CERTIFICATE OF DEATH. X 37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Montford ave St., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Floyd. Mc Mcdonald.

(a) RESIDENCE NO. 238 n. montford ave St., WARD South Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. C.

NAME OF FATHER La. Mc Donald.

BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

MAIDEN NAME OF MOTHER Julia Glass.

BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant Father Wood.

(Address) 238 N. Montford ave

C. THOMPSON JONES, M. D.

Filed ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25- 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-19- 1926, to 7-25- 1926, that I last saw him alive on 7-24- 1926, and that death occurred, on the date stated above, at 3,30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

7-26-1926 (Address) 611-N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cem. DATE OF BURIAL July 28 1926.

20 UNDERTAKER Edward Bryan ADDRESS 1671 Calvert.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12749

CERTIFICATE OF DEATH.

113 ✓ E 12749

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 Carlton St., 16-7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen ~~Grace~~ Blackwell (C. H.)

(a) RESIDENCE NO. 618 Carlton St. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 28, 1926

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER Leonard Grozo

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Blackwell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Alice Blackwell

(Address) 618 Carlton St.

Filed July 27 1926. C. HAMPSON JONES, M. D. Registrar Per GKK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ilio-Colitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) no history of any other disease

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

July 27 1926 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: July 27, 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 12750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 12750

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1622 Druid Hill Ave

CITY OF BALTIMORE: (NO. ..... ST. 14-1 WARD)

2-FULL NAME Mrs. Henrietta Henson

(a) RESIDENCE NO. 1622 Druid Hill Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

DATE OF BIRTH (month, day, and year): 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

Informant: Lodge Hall & Women Home

(Address) 1622 Druid Hill Ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-25- 19 26

17

I HEREBY CERTIFY, That I attended deceased from 6/25/25, 19 ..... to 7-25, 19 26.

that I last saw her alive on 7-24, 19 26,

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 720 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: July 27 26

20 UNDERTAKER: Samuel A Brusby

ADDRESS 578 Mt Auburn

Spec.—1-10-21—M&T—1500 Bks.

12751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12751

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1358 N. Fremont ave. St.) 15-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille A. Maynard.

(a) RESIDENCE No. 1358 N. Fremont ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 1, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	15	—	—	24

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — School —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Thomas Ayers —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Edith Strand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va —

Informant Lucy Maynard

(Address) 1358 N. Fremont ave

Filed JUL 27 1926 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to July 25, 1926;

that I last saw h[illegible] alive on July 24, 1926,

and that death occurred, on the date stated above, at 12.05 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) 1 yrs. 2 mos 1 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry T. Brown, M. D.

7/25, 1926 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 27 1926

UNDERTAKER Samuel Hemsley

ADDRESS 598 W. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12752

CERTIFICATE OF DEATH.

90 E 12752

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1332 N. Stricker St., 15-13 Ward)

2-FULL NAME Edward Sheppard

(a) RESIDENCE NO. 1332 N. Stricker St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1867

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Man

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

Informant Mrs Christy

(Address) 1332 N. Stricker St.

Filed _____ 19____ Per _____ Registrar _____

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1924 July 24

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to July 24, 1924, that I last saw him alive on July 23, 1924 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal Calculus

(duration) ____ yrs. ____ mos. 24 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Forster, M. D.

July 24 1924 (Address) 702 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial July 27 1924

20 UNDERTAKER Samuel Hershey ADDRESS 538 N. Eden St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12753

CERTIFICATE OF DEATH.

129 ✓

REGISTERED No. E 12753

1-PLACE OF DEATH

City of BALTIMORE: (No. 405 Wayson St. 5-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Elliott

(a) RESIDENCE NO. 405 Wayson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or WIFE of) Ennels Elliott

7 DATE OF BIRTH (month, day, and year) March 1869

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
59	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Easton Md

10 NAME OF FATHER Abraham Chase

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Chase

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Ennels Elliott

Address 405 Wayson St

JUL 27 1926

Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926 to July 24, 1926

that I last saw her alive on July 21, 1926, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart and Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

July 24 1926 (Address) 508 Lemmert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md — Date of Burial July 28 1926

20 UNDERTAKER Mrs Chas L. Bailey — ADDRESS 142 Jefferson St

Spec.—5-19-13—M. & T.—500 Bks.

12754 HEALTH DEPARTMENT—CITY OF BALTIMORE 12754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 539 N. Mount ST. 19-1 (WARD)

REGISTERED NO. C 16500

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Chas & Sarah Brison

Residence in Baltimore: No. 539 N. Mount St.; ... yrs. ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

DATE OF BIRTH, 7 (Month) 23 (Day) 1926 (Year)

AGE, ... yrs. ... mos. 4 ds.

If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
a) Trade, profession, or particular kind of work ... 0
b) General nature of industry, business, or establishment in which employed (or employer) Home Child

BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, Chas Brison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Brison

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. B. Hughes

(Address) 1413 D. Hillen

7 27 1926 C. HAMPSON JONES, M. D.

Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24 (Month) (Day) 1926 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1926, to July 24 1926, that I saw h[illegible] alive on July 24 1926 and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 mo. in utero

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Trauma

(Duration) ... yrs. ... mos. ... ds.

(Signed) L. B. Hughes M. D.

July 24 1926 (Address) 1413 D. Hillen Av

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Auburn Cem

DATE OF BURIAL, 7-27 1926

20-UNDERTAKER George I. A. Cahn

ADDRESS 1736 E. Hig corr

Cor.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12755

CERTIFICATE OF DEATH.

29 ~ E 12755

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No Md General Hospital 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard William Neels

(a) RESIDENCE NO. 3337 Elmora Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 2 1920

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5	9	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore md

10 NAME OF FATHER Edward W Neels

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Lena M. Dreyer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Edward W. Neels

(Address) 3337 Elmora Ave

Filed 19 C. Edmund Jones M. D.

Per RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus

Fell off of wagon & accidental

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Laceration of left leg

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

7/26 1926 (Address) 270 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park Cemy Aug 28 1926

20 UNDERTAKER ADDRESS

Jos Joerdens Son 2173 Pace

Spec.—1-10-21—M&T—1500 Bks.

E 12756 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 12756

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 545 S. Paca ST. 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Speider

(a) RESIDENCE No. 545 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) About Jan 1. 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 64 yrs.		6	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Edward Speider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza F. Finchy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Edna Speider

(Address) 545 S. Paca st

Filed 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9 1926 to July 26 1926

that I last saw her alive on July 26 1926

and that death occurred, on the date stated above, at 5 30 p m

The CAUSE OF DEATH* was as follows:

Carcinoma of right-stomach 9 mos.

(duration) yrs. 9 mos 17 ds.

CONTRIBUTORY Metastasis liver

(Secondary) (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) M. C. Trieninger M. D.

7/26 19 26 (Address) 682 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cemetery	July 28 1926
20 UNDERTAKER Jos Joerdens, Son	ADDRESS 2175 Pa.

Spec.—1-10-21—M&T—1500 Bks.

E 12757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12757

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1027 Compton ST. 24-1 WARD)

2-FULL NAME George Neill

(a) RESIDENCE NO. 1027 Compton ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Neill

DATE OF BIRTH (month, day, and year) Aug. 23, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	11	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Blower

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret McIlhaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Maud Bailey (Sister)
(Address) 404 Sanders St.

Filed 7-1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1926

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1926 to July 26, 1926
that I last saw h alive on July 25, 1926
and that death occurred, on the date stated above, at 9.25 p. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

July 26 19 26 (Address) 1646 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	July 29 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—12-9-25—A Co.—200 Bks.

E 12758

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002 E 12758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO._____

City of BALTIMORE: (No._____ St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Concetta Serio

(a) RESIDENCE NO. 633 N. Saratoga St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

a If married, widowed, or divorced BUSBAND of (or) WIFE of Frank Serio

DATE OF BIRTH (month, day, and year) June 10 84

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town)_____

(State or country) Italy

10 NAME OF FATHER F Serio

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Italy

12 MAIDEN NAME OF MOTHER Serio

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Italy

Informant Mr. Frank Serio

(Address) 633 N Saratoga

Filed_____, 19_____ Registrar

27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 26, 1926, that I last saw h.. alive on July 26, 1926, and that death occurred, on the date stated above, at 5-40 P. m.

The CAUSE OF DEATH* was as follows:

Diverticulitis - adhesions - Intestinal Obstruction - Paralytic Ileus - Toxemia

(duration) yrs. mos. ds.

CONTRIBUTORY Paralytic Ileus - Toxemia

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?_____

Did an operation precede death? Yes Date of 7/27/26

Was there an autopsy?_____

What test confirmed diagnosis?_____

(Signed) [illegible] (D. J. Deucagna) M. D.

, 19 (Address) Mercy Hospital Bal.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial July 28 1926

20 UNDERTAKER W. M. Rountree — ADDRESS 223 N Paca

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12759

CERTIFICATE OF DEATH.

91-002 E 12759

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 S. Luzerne Ave St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F Deininger

(a) RESIDENCE NO. 708 S. Luzerne Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Deininger

7 DATE OF BIRTH (month, day, and year) Nov. 5 1879

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	8	19 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kimbal & Tyler

BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER William Deininger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

Informant Mary Deininger

(Address) 708 S. Luzerne Ave

Filed_____, 19____ _____ Registrar

7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from March 27th, 1926, to July 26, 1926, that I last saw him alive on July 26th, 1926, and that death occurred, on the date stated above, at 10.40 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Estimated (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. H. Jarrett, M. D.

7/27, 1926 (Address) 1011 N. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	July 29 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc.	1710 Fleet St

E 12760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 10-6 Registered No. C.....

City of BALTIMORE: (No. Franklin Sq. Hospital ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Smith

Residence in Baltimore: No. 2531 Ashton St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

DATE OF BIRTH: March 20 (Month) (Day) 1857 (Year)

AGE: 69 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Mt Royal Sta Water Dept 086

BIRTHPLACE, (State or Country): Va

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Counselman

(Address) 434 Augusta Ave

Filed 7 1926 HARPER JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry.) thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above. (Inquest, autopsy or Inquiry.)

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner)

July 25 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Natural

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: 27 1926

20-UNDERTAKER: L. B. Phelps ADDRESS: 850 N. Paca

Spec.—12-9-25—A Co.—200 Bks.

E 12761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 12761

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 E Randall St., 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin E. Sapsinger

(a) RESIDENCE NO. 502 E Randall Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Hazel Blessing

6 DATE OF BIRTH (month, day, and year) — — 1891

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Storekeeper

(c) Name of employer

BIRTHPLACE (city or town) Galls

(State or country)

10 NAME OF FATHER Martin E. Sapsinger

11 BIRTHPLACE OF FATHER (city or town) Galls

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Heisman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cal. Co Md

Informant Joe Sapsinger

(Address) 502 E Randall

Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to July 25, 1926,

that I last saw h[illegible] alive on July 25, 1926,

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. Indefinite mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bloodwork

(Signed) Jos. H. Campbell, M. D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — Date of Burial 7/28 1926

20 UNDERTAKER D. J. Sahagian — ADDRESS 1318 Light St

[illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 12762

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital 4-1 REGISTERED NO.

City of BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Pitcock

(a) RESIDENCE NO. 766 W. Lexington St. Balto Ward Md —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Herbert Pitcock

DATE OF BIRTH (month, day, and year) April 8 1891

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35 yrs.	3	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Va.

(State or country)

10 NAME OF FATHER John Lancaster

11 BIRTHPLACE OF FATHER (city or town) West Va.

(State or country)

12 MAIDEN NAME OF MOTHER Mattie Roberts

13 BIRTHPLACE OF MOTHER (city or town) West Va.

(State or country)

Informant Records

(Address) Johns Hopkins Hospital

Filed July 28 1926 HAMPSON JONES, M. D.

Per R.F.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 1926

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 25, 1926, that I last saw her alive on July 25, 1926 and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? Yes Date of July 24 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Date of Burial 7/28/26

20 UNDERTAKER Wm Cook ADDRESS 502 E. Balto

E 12763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12763

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. 1 St. 29-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Kenneth Raglan d

Residence in Baltimore: No. 103 N. Mount St., 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Cold

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

DATE OF BIRTH. Nov. 17 1907
(Month) (Day) (Year)

AGE. 18 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040

BIRTHPLACE. (State or Country), Va

10-NAME OF FATHER. Alex Ragland

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Laura Tuck

13-BIRTHPLACE OF MOTHER. (State or Country). Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lloyd Ragland

(Address) 103 N. Mount St

C. HAMPSON JONES, M. D.
Registrar.

1926 Per RRH

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 26 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

17 hours
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) While walking in sleep fell out 3rd Story Window
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

July 26 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL. Halifax Va. DATE OF BURIAL. July 28 1926

20-UNDERTAKER. Wm. R. G. Elliott ADDRESS 725 Ashland Ave

Spec.—1-10-21 M&T 1500 Blks.

12764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12764

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] St. 17-4 Ward) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Dockins

(a) RESIDENCE No. 440 East 23rd St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lennie? Hopkins

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

Informant City Hospital Records (Address)

1926 C. HAMPSON JONES, M. D. Registrar

Per R.P.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 24, 1926, that I last saw h. m. alive on July 23, 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Post Lethargic Encephalitic Parkinsonian Syndrome

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gensal & Laboratory

(Signed) R. Hooper Lovell, M. D.

July 26 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Manchester Co. Va	July 28, 1926
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	720 Garland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12765 E 12765

CERTIFICATE OF DEATH.

129

REGISTERED NO. 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Calhoun ST. WARD)

2-FULL NAME Martha P. Burch

(a) RESIDENCE NO. 407 N Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm J Burch

DATE OF BIRTH (month, day, and year): July 4 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84		21 18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Patrick Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mrs Bessie Burch

(Address) 407 N Calhoun

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to July 25th, 1926,

that I last saw her alive on July 24th, 1926,

and that death occurred, on the date stated above, at 12:00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 7 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. examin. Urinary Exam.

(Signed) G W Bullock, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 7/28/26

20 UNDERTAKER: Emory A Farley Fulton & Sayles

ADDRESS

Spec.–1-10-21 M&T 1500 Blks.

2766

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-E 12766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Mc Donnell

(a) RESIDENCE NO. 1415 Eastern Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Philadelphia

(State or country) Penna

10 NAME OF FATHER Thomas Mc Donnell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant City Hospital Records

(Address)

Filed C. HAMPSON JONES, M. D.

1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1926

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to July 24, 1926, that I last saw h[illegible] alive on July 23, 1926, and that death occurred, on the date stated above, at 4-20 Am.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Ulcerative Colitis

(duration) ? yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lovett, M. D.

July, 19 26 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 7/27 1926

20 UNDERTAKER J J Fahey Sons — ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12767 E 12767

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Homewood Ave Ward 10-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Ann Gordon

(a) RESIDENCE NO. 1028 Homewood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Gordon.

DATE OF BIRTH (month, day, and year) Nov 21 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer at home

BIRTHPLACE (city or town) Balto City
(State or country)

10 NAME OF FATHER Patrick O'Brien

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Molloy

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Anna Gordon
(Address) 1024 Homewood ave

Filed 1926 C. HAMPSON JONES, M. D.
For Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to July 25, 1926,

that I last saw her alive on July 23, 1926,

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of R Mammary Gland

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sepsis from Bed Sore

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? 1028 Homewood

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton, M. D.

July 26 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 28 1926
20 UNDERTAKER	ADDRESS
Rita Niedfeld	914 Fremont Ave

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12768

E 12768

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

City of BALTIMORE (No. 12-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Eugene Rossman

(a) RESIDENCE NO. 2510 St Paul St Balto Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 11 1925

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto Md

10 NAME OF FATHER Herbert E. Rossman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eleanor McEvers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

Informant

(Address) JOHNS HOPKINS HOSPITAL

C. HAMPSON JONES, M. D.

1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9 1926 to July 26 1926, that I last saw him alive on July 26 1926, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma

(duration) 1 yrs. 4 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X Ray

(Signed) Thos. H. Cromwell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Date of Burial July 29 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1701 W Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12769

E 12769

129

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 646 Heavy St., 24-1 Ward)

2-FULL NAME William Brendel

(a) RESIDENCE NO. 646 Heavy St. 24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Brendel

7 DATE OF BIRTH (month, day, and year) May 21. 1865

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Frank Brendel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Brinkman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Mrs Annie Brendel

(Address) 646 Heavy St

926 C. HAMPSON JONES, M. D. 19

Per RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st 1925, to July 26, 1926, that I last saw him alive on July 26, 1926, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Uremia & Gastric Hemorrhage

(duration) yrs. 1 mos. 26 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Burlington, M. D.

7/26 1926 (Address) 502 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Louden Park Cem July 29 1926

20 UNDERTAKER — ADDRESS

A. Howard Evans 38 E Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12770 — 129 — E 12770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1441 Towson St. 24-3 Ward)

2-FULL NAME Winfield S. Martin

(a) RESIDENCE NO. 1441 Towson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Martin.

DATE OF BIRTH (month, day, and year) June, 22, 1867.

AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	59.	1	3.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Section Foreman.

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) A. A. Co. Md.

10 NAME OF FATHER John Martin.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Eliza Jones.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co. Md.

Informant Mary E. Martin.

(Address) 1441 Towson St.

1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25/26 19

17 I HEREBY CERTIFY, That I attended deceased from July 12 1926, to July 26, 1926, that I last saw h... alive on July 26, 1926, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Thyroid Adenoma

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Symptoms

(Signed) W. H. Hampson Jones, M. D.

, 19 (Address) 1340 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Hill Cem. Date of Burial July 28 1926

20 UNDERTAKER E. Howard Ecrum ADDRESS 848 Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

E 12771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12771

CERTIFICATE OF DEATH.

90

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 903 N. Vincent St. 16-6 Ward)

2-FULL NAME Hellia Roker

(a) RESIDENCE NO. 903 N. Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 Color or Race C

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Roker

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) Troppe

(State or country) Md

10 NAME OF FATHER George Young

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Md

Informant Lucie Sprowl

(Address) 903 Vincent St

C. HAMPSON JONES, M. D.

Filed 7/28 19 26

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/7/ 1926 to 7/26/ 1926

that I last saw h.. alive on 7/24/ 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

C. Myocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Hawkins, M. D.

7/28/ 1926 (Address) 912 Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md Date of Burial July 28th 26

20 UNDERTAKER Daniel Easton ADDRESS 916 Druid Park Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12772

CERTIFICATE OF DEATH.

90 E 12772

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Whatcoat St. 16 WARD)

2-FULL NAME Charles Wright

(a) RESIDENCE NO. 1121 Whatcoat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wright.

DATE OF BIRTH (month, day, and year) 2-28-1868

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co Md

10 NAME OF FATHER Henry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

Informant Daughter

(Address) 1828 Mullen St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26-1926

17

I HEREBY CERTIFY, That I attended deceased from 7-25-, 1926 to 7-25-, 1926,

that I last saw him alive on 7-25-, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank R. T. Saunders, M. D.

, 19 (Address) 1123 N Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	July 28/26
20 UNDERTAKER	ADDRESS
Daniel Easton	City

Spec.—1-10-21 M&T 1500 Blks.

12773

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

75E 12773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Bryant

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) (1848) - (1874)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Given	78			
Proven	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant City Hospital Records

(Address)

Filed 1926, 19 R P H Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 25, 1926,

that I last saw her alive on July 25, 1926,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Residual right Hemiplegia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hoopes Smith, M. D.

July 26 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Burial	Jul 27 1926
20 UNDERTAKER	ADDRESS
Dame Easton	Penn

Cor.—12-9-25—A Co.—200 Bks.

E 12774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 12774

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 Pen alley St., 17-2 Ward)

2-FULL NAME Pauline Kerby

(a) RESIDENCE NO. 923 Pen alley St. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Feb. 6, 1925.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Md.

10 NAME OF FATHER Harley Kerby

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va.

12 MAIDEN NAME OF MOTHER Mary Lee.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

Informant Mary Kerby

(Address) 923 Pen alley

Filed 7/27, 19 25 NPS Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo - Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) H. G. Fleming M. D. (Coroner)

7/27/25 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: July 27/25

20 UNDERTAKER: Wm. Easton ADDRESS: 1600 Pen

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12775

CERTIFICATE OF DEATH.

90 E 12775

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3132 Cedar Ave (St.) (Ward)

2-FULL NAME Ida B Tracey

(a) RESIDENCE NO. 3132 Cedar Ave St. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Pleasant Tracey

DATE OF BIRTH (month, day, and year): March 21 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	52.	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Ruth Tracey

(Address) 3132 Cedar Ave

Filed ....., 19 1926 Per RK

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1926

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to July 27, 1926.

that I last saw h.. alive on July 26, 1926,

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Chronic Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? None.

What test confirmed diagnosis? Physical Examination

(Signed) Geo Denis 3004 33rd, M. D.

7-28 1926 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: July 29 1926

20 UNDERTAKER: Ehrenworth Son — ADDRESS: 3417 Chestnut Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12776

CERTIFICATE OF DEATH.

113 E 12776

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 427 E. Gilbert St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche L. Kenzie

(a) RESIDENCE NO. 427 E. Gilbert St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 21-1926

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER George Kenzie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada.

12 MAIDEN NAME OF MOTHER Anna. Beaton

13 BIRTHPLACE OF MOTHER (city or town) N. J.

(State or country)

Informant Mrs. George Kenzie

(Address) 427 E. Gilbert

Filed _____, 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23 1926, to July 27, 1926;

that I last saw her alive on July 27, 1926;

and that death occurred, on the date stated above, at 5 PM. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage (Entero-colitis).

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John C. Scheuerman, M. D.

, 19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial July 28 1926

20 UNDERTAKER Wm H. Scully ADDRESS 128 E. Fort

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12777
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 12777
REGISTERED NO.

City of BALTIMORE: (No. 1448 Homestead St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucretia Rietdorf

(a) RESIDENCE NO. 1448 Homestead St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of August Rietdorf

DATE OF BIRTH (month, day, and year) March 8. 1856

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	4	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER Christopher Diffenbaugh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Catherine Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

Informant Lula Crate

(Address) 1448 Homestead St

Filed 7-28 1926 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to July 26, 1926

that I last saw her alive on July 24, 1926

and that death occurred, on the date stated above, at 11 A, m.

The CAUSE OF DEATH* was as follows:

Chr. Valv. Heart Dis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) Geo W Elliott, M. D.

7/27/26 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druimmount Date of Burial July 28 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Madison

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12778

CERTIFICATE OF DEATH.

1-002

E 12778

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [illegible] St. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel S Strawn

(a) RESIDENCE NO. 1611 Mulliken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

Informant City Hospital Records
(Address)

Filed ....., 19 .....

G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 26, 1926, that I last saw her alive on July 26, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Paratyphoid Fever

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gen'l & Laboratory

(Signed) R. Hooper Lamb, M. D.

July 27 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Bury Cemetery — DATE OF BURIAL: July 30 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

Travers

90

HEALTH DEPARTMENT—CITY OF BALTIMORE

12779

CERTIFICATE OF DEATH.

REGISTERED NO. E 12779

1-PLACE OF DEATH 767 W Belvard St

City of BALTIMORE: ~~Hospital~~ St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Travers

(a) RESIDENCE NO. 762 Belvard St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Travers

DATE OF BIRTH (month, day, and year) April 12 - 1895

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	3	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trades man

(b) General nature of industry, business, or establishment in which employed (or employer) Trades man

(c) Name of employer Geo's Brewer

BIRTHPLACE (city or town).....

(State or country) Maryland

10 NAME OF FATHER Joseph Travers

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Washington D C

12 MAIDEN NAME OF MOTHER Mary Chaney

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Savage Maryland

Informant Mary Travers

(Address) 764 E. Eager St Balto Md.

Filed JUL 28 1926 H. M. [illegible] Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jugular Thrombosis

Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Brinsley, M. D.

(Address) 3632 Rolandene

July 27 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL: Ivy Hill Cemetery Lanne Md. Date of Burial: July 28 1926

20 UNDERTAKER: Edward N Fisher ADDRESS: Lanne Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12780 E 12780

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E. Fayette ST. 5-1 WARD)

2-FULL NAME Annie King

(a) RESIDENCE NO. 1011 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F. male	Colored	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Albert King

DATE OF BIRTH (month, day, and year) Apr. 6 - 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) ..... good

(c) Name of employer .....

BIRTHPLACE (city or town) Balto. (State or country) Md

10 NAME OF FATHER Henry Anderson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

Informant Fannie A. Locks

(Address) 1011 E. Fayette St.

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to July 25, 1926, that I last saw h[illegible] alive on July 25, 1926, and that death occurred, on the date stated above, at 7 25 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Gram. [illegible]

(Signed) Robt. L. Green M. D.

7-27, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL July 28 1926

20 UNDERTAKER Mrs J. A. Locks ADDRESS 1312 Jefferson

Spec.—12-9-25—A Co.—200 Bks.

1934 E 12781

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 Pro

CERTIFICATE OF DEATH.

E 12781

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 10-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Johnson

(a) RESIDENCE NO. 809 Forest St. St. Balto Ward Md —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 1926

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): Ind

(c) Name of employer

BIRTHPLACE (city or town): Md —

(State or country)

10 NAME OF FATHER Harris

11 BIRTHPLACE OF FATHER (city or town): Md —

(State or country)

12 MAIDEN NAME OF MOTHER Ethel Johnson

13 BIRTHPLACE OF MOTHER (city or town): Md —

(State or country)

Informant: Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed ____ 19 ____

28 1926 Por PK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 25, 1926, that I last saw him alive on July 25, 1926, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? ____ Date of ____

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin

(Signed) Harold W. Cornell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL
C. HAMPSON JONES, M. D.
JOHNS HOPKINS HOSPITAL

pec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12782

CERTIFICATE OF DEATH.

90 E 12782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2247 Woodington Blvd ST. 25-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Jr Davis

(a) RESIDENCE. No 2247 Woodington Blvd ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Davis

DATE OF BIRTH (month, day, and year) Mar 2 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto mechanic

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lambert Co.

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Samuel Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Eleanor Davis

Address 2247 Woodington Blvd.

Filed JUL 28 1926 H. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 - 1926

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to July 25-, 1926, that I last saw h[illegible] alive on July 24, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Heart action.

(Signed) Raymond Schlamm, M. D.

July 26 1926 (Address) 8 Adelaide

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Handley — DATE OF BURIAL: 7/28 26

20 UNDERTAKER: Geo Rinell — ADDRESS: 917 Wash Blvd

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12783

CERTIFICATE OF DEATH.

49 E 12783

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 Hamilton Terrace St., 11-W Ward)

2-FULL NAME William N. Boscoe

(a) RESIDENCE NO. 805 Hamilton Terrace St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker 27

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Denver Col

(State or country) _____

10 NAME OF FATHER Joseph Boscoe

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country) _____

12 MAIDEN NAME OF MOTHER Ada Goldberg

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country) _____

Informant Jack Lewis

(Address) 1434 E Baltimore

Filed _____ 19 _____ C. HARPER HOWARD, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 15 19 26, to July 26 19 26, that I last saw h__ alive on _____ 19____, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma — Cancer of neck jugular and brain

(duration) 6 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) abscess brain

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted

If not at place of death? _____ Date of 4 yrs ago

Did an operation precede death? Yes Date of _____

Was there an autopsy? Yes _____

What test confirmed diagnosis? Clinical

(Signed) H. Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Denver Col	July 28 19 26

20 UNDERTAKER	ADDRESS
Jack Lewis	1434 E Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12784

E 12784 CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 Lloyd Street ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah Pollock

(a) RESIDENCE NO. 21 Lloyd st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaah Pollock

DATE OF BIRTH (month, day, and year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Golonsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Levis

(Address) 1439 Eutaw st

Filed JUL 28 1926 C. HAMPSON JONES, M. D. Registrar

per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to July 27, 1926, that I last saw her alive on July 27, 1926, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 4 mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Philip Sinclair M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Carmel — DATE OF BURIAL July 28 1926

20 UNDERTAKER Jack Levis 1439 Eutaw st — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 12785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1929 E 12785

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S. Magnolia Ave. ST. Hamilton WARD)

2-FULL NAME Amelia Melton

(a) RESIDENCE No. 2 S. Magnolia Ave ST., Hamilton WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Louis Melton

DATE OF BIRTH (month, day, and year) Dec. 1st 1857

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	7	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

10 NAME OF FATHER Conrad Holler

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Kiengle

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Germany

Informant John Holler
(Address) 14 N. Henrietta St.

Filed 28 1929, 19 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1922, to July 27, 1926, that I last saw her alive on July 25, 1926, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

and Myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Colitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Hampson Jones, M. D.

, 19 (Address) 660 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 29 1926
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fulberton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12786

CERTIFICATE OF DEATH.

84 E 12786

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 3-1 WARD)

2-FULL NAME Mazie Durney

(a) RESIDENCE NO. 861 N. Lombard St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F (Female) | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) April 2 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35 yrs.	3.	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper 070

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " know.

12 MAIDEN NAME OF MOTHER " " know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " know.

Informant Mrs. Emma Durney

(Address) 861 N. Lombard

Filed JUL 28 1926 19..

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 1926, to 7-26, 1926.

that I last saw her alive on 7-26, 1926,

and that death occurred, on the date stated above, at 1 10 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) 2 yrs (?) mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Theron Hunter, M. D.

7/26 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauden Park | DATE OF BURIAL July 29 1926

20 UNDERTAKER Frank A. Fink | ADDRESS 918 N. Gay

Spec.—1-10-21—M&T—1500 Bks.

E 12787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4/E 12787

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 O'Donnell ST. 76-8 WARD)

2-FULL NAME Minna Pieper

(a) RESIDENCE NO. 3019 O'Donnell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Pieper

DATE OF BIRTH (month, day, and year): Sept 17, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Herman Wiese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Marie Wise

(Address) 2707 Tivoly Ave

Filed 8 1926 19 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 1926

17 I HEREBY CERTIFY, That I attended deceased from January 9, 1926, to July 26 1926.

that I last saw her alive on July 25, 1926,

and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Pylorus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes no Date of Jan 23 1926

Was there an autopsy?

What test confirmed diagnosis?

2/26/26 19 (Signed) Fritz J. Kinzer M. D.

(Address) 2700 Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: July 28 1926

20 UNDERTAKER: John Merrick

ADDRESS: 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12788

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2630 Madison St

CITY OF BALTIMORE: (No. ..... ST. 13-5 WARD)

REGISTERED NO. 159 E 12788

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C. Lang.

(a) RESIDENCE No. 2630 Madison ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) —

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 7/25/26

AGE Years ..... Months ..... Days 2 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Frank M. Lang

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth M. Mangels

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

Informant Father

(Address) 2630 Madison St

Filed ..... 19 .....

THOMPSON JONES, M. D.

Registrar

128 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25 1926 to July 27 1926, that I last saw h alive on July 26 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Congenital heart disease

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) L. C. Dobihal M. D.

19 (Address) 4474 Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem | DATE OF BURIAL July 27 1926

20 UNDERTAKER Geo. W. Fink & Son | ADDRESS 811 Nevada

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12789

CERTIFICATE OF DEATH.

166

E 12789

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Baldwin

(a) RESIDENCE NO. 1708 E. Federal St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Baldwin

DATE OF BIRTH (month, day, and year) Oct 1850

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	9	-----	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Edward W. Baldwin (sin)

(Address) 1708 E. Federal St

Filed 7 28 1926 C. HAMPSON JONES, M. D. Registrar

Per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poisoning (Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Calter M. D.

(Coroner)

7/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Pall Lucon Cemetery July 29 1926

20 UNDERTAKER Robt J Turner & Son ADDRESS N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12790

CERTIFICATE OF DEATH.

REGISTERED NO. E 12790

1-PLACE OF DEATH Griffith & Boyd fertilizer works. 16-7 194

City of BALTIMORE: (No. Foot of Andre St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gamby.(C)

(a) RESIDENCE NO. 812 N.Gilmor St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Divorced.

6a If XXXXXXXXXX, or divorced HUSBAND of XXXXXXXX: Alice Gamby.(C)

7 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	-------		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Fertilizer works.

(c) Name of employer: Griffith & Boyd.

BIRTHPLACE (city or town)

(State or country): Cambridge, Md.

10 NAME OF FATHER: Littleton Gamby(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Copper.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland.

Informant: Ellen Butler (C) niece.

(Address): Annapolis, Md.

Filed ..... 19 ..... HAMPSON JONES, M. D., Registrar

8 1925

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat prostration.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto L. Bernhardt, M. D. (Coroner)

7/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion Cemetery Date of Burial: July 28 '26

20 UNDERTAKER: Adolph Halsted ADDRESS: 904 N Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

E 12791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 12791

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1932 McCulloh St. 14-1 Ward)

2-FULL NAME Cora L. Fallin

(a) RESIDENCE NO. 1932 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 23-25

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1		3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country) Balto. Md.

10 NAME OF FATHER Chas. Fallin

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Cora Palmer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

Informant: Cora Fallin

(Address) 1932 McCulloh St.

Filed 8 1926, 19 C. HAMPSON JONES, M.D.

Per R.F. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 27, 1926;

that I last saw h.[illegible] alive on July 27, 1926;

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) [illegible] M. D.

, 19 (Address) 1303 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial July 28 26

20 UNDERTAKER: Samuel H. Hensley ADDRESS 379 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12792 X 46 E 12792

E 12792 CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25 W WARD)

2-FULL NAME Mrs. Lizzie Johnson

(a) RESIDENCE NO. Golden Hill, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	27	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

BIRTHPLACE (city or town) ..... Md.
(State or country)

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

Informant Patient-Lizzie Johnson
(Address) Golden Hill

L 28 1926 ..., Registrar R K

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1926, to 7-20, 1926,

that I last saw her alive on 7-20, 1926,

and that death occurred, on the date stated above, at 4.05 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ovary

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 2 hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 20, 1926.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Theron Hunter, M. D.

7/20, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	July 23 1926
20 UNDERTAKER	ADDRESS
Harry A. Witz & Co	1534 W Lombard St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 12793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hollins Ferry Road.

REGISTERED NO.

CITY OF BALTIMORE: (No. Lakeland Balto Md ST. 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Irving Smith Jr

(a) RESIDENCE. No. Hollins Ferry Road ST. 27th WARD.

(Usual place of abode) Lakeland Balto Md.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 15, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

BIRTHPLACE (city or town) Dorchester Heights
(State or country) Balto County Md.

10 NAME OF FATHER Theodore Irving Smith

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Violet Elizabeth Hess

13 BIRTHPLACE OF MOTHER (city or town) Lancaster
(State or country) Pa.

Informant Theodore Smith
Address) Hollins Ferry Road

Filed , 19

C. HAMPSON JONES, M. D.
Registrar

Per

28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25th, 1926 to July 27, 1926, that I last saw him alive on July 27th, 1926, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteric Intoxication

over

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. one ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Albert Jaffe, M. D.

, 19 (Address) 2028 E. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 29th 1926

20 UNDERTAKER Gittam & Poe ADDRESS 1723 W. Lafayette Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12794

CERTIFICATE OF DEATH. 161-001 E 12794

1-PLACE OF DEATH

City of BALTIMORE: (No 1921 Ridgewood ave St. 15-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Lee DeDeo Jr.

(a) RESIDENCE NO. 1921 Ridgewood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): July 27 26

AGE: Years | Months | Days | IF LESS than 1 day hrs. or min.: 3 hrs.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of indnstry, bnsiness, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: Raymond Lee DeDeo

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Ida Gregory

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

Informant: Mrs Ida DeDeo

(Address) 1921 Ridgewood Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926, to July 27, 1926, that I last saw h[illegible] alive on July 27, 1926, and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows: Prematurity 3/4 Mo

Cross Knots, Pendulus Venae

(durntion) yrs. mos. ds.

CONTRIBUTORY (Secondary): Very much

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. Smith, M. D.

7/27, 1926 (Address) 1605 N North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial 19

20 UNDERTAKER: ADDRESS

[illegible] Commissioner Health,

Spec.—1-10-21 M&T 1500 Blks.

12795

HEALTH DEPARTMENT—CITY OF BALTIMORE E 12795

CERTIFICATE OF DEATH.

124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospt ST., WARD)

2-FULL NAME Mary Jane Okeill

(a) RESIDENCE NO. 732 S Decker ST., 1-4 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Timothy J Okeill

DATE OF BIRTH (month, day, and year) 3-4-7/76

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER James Keogh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kathleen Herbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Timothy J Okeill

(Address) 732 S Decker

C. HAMPSON JONES, M. D.

1926 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-17, 1926, to 7-24, 1926,

that I last saw her alive on 7-24, 1926,

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Gall Bladder disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Removal of Gall Bladder

Did an operation precede death? Yes Date of 7/24/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. Hampson Jones, M.D.

(Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemty — DATE OF BURIAL 7/29/26

20 UNDERTAKER John A Moran — ADDRESS 325 E Baltimore

Spec.—12-9-25—A Co.—200 Blks.

(Alex)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12796

CERTIFICATE OF DEATH.

91-002

E 12796

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 18 N Madeira St. 6-2 Ward)

2-FULL NAME Anna Alex

(a) RESIDENCE NO. 18 N Madeira St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Alex

DATE OF BIRTH (month, day, and year): April 1850

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Bohemia

10 NAME OF FATHER: Joseph Kolinsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not known July 27, 1926

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

Informant: Wm. Alex

(Address) 2139 Fleet St

Filed ..... 1926 C. THOMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17

I HEREBY CERTIFY, That I attended deceased from June 18 1925, to July 27 1926, that I last saw h.. alive on July 24 1926 and that death occurred, on the date stated above, at 4 11 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cause of Death doubtful

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) .....yrs. 6 mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? .....Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Thompson Jones, M. D.

July 27, 1926 (Address) 1501 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Date of Burial July 30 1926

20 UNDERTAKER: Fox & Cook ADDRESS: Fayette & Eutaw

Spec.—12-9-25—A Co.—200 Bks.

E 12797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 7/4-002

E 12797

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St., 7-1 Ward)

2-FULL NAME John Simmons

(a) RESIDENCE NO. Franklin W. Va. St., _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. 6 mos. 6 wks.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6 DATE OF BIRTH (month, day, and year) 1853

AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
73 -			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) W. Va.

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va -

12 MAIDEN NAME OF MOTHER Deborah Bibb

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va -

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed _____, 19 ____ C. EDISON JONES, M. D. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6th, 1926, to July 27th, 1926, that I last saw h— alive on July 27th, 1926, and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Winfield W. Scott, M. D.

, 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Franklin W. Va. Date of Burial July 28 1926.

20 UNDERTAKER Richard F. Curley ADDRESS 621 N. Wood St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12798

CERTIFICATE OF DEATH.

179 E 12798

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincenzina Raimondi.

(a) RESIDENCE NO. 113 118 W. Henrietta St. St. 23-1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) July 29, 1924

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Raimondi.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy.

12 MAIDEN NAME OF MOTHER Lorenza Rizzo.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy.

Informant Lorenza Raimondi. (mother)

(Address) 118 W. Henrietta St.

Filed 1926 19 G. HAMPSON JONES, M. D. Registrar

By: RPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental burns about the body.
playing with matches.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

7/28 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 118 W. Henrietta St. July 27, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 7/29 1926

20 UNDERTAKER Geo D. Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 12799 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12799

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 Florence Avenue ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Alice Gerben

(a) RESIDENCE NO. 5207 Florence Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Albert Gerben

DATE OF BIRTH (month, day, and year) Sept. 28th 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

10 NAME OF FATHER William J. Sadtler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Miss Huesler

13 BIRTHPLACE OF MOTHER (city or town) Delaware
(State or country)

Informant Roland S. Gerben

(Address) 15 Ingleside Ave. Pimlico

1926 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 28, 1926, that I last saw her alive on July 28, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) [signature], M. D.

, 19 (Address) 2100 West North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery.	July 31 1926
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 N Bdlwy

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12800 E 12800

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Gass

(a) RESIDENCE No. 1325 N. Fulton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER August Gass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Koplitz ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant City Hospital Records (Address)

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 27, 1926, that I last saw h. alive on July 27, 1926, and that death occurred, on the date stated above, at 11.25 A.M.

The CAUSE OF DEATH* was as follows:

Central Nervous System Lues

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross & Laboratory

(Signed) R. Hoopes Smith, M. D.

July 27 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park, Balto | DATE OF BURIAL July 29 1926

20 UNDERTAKER Joseph Fox | ADDRESS 1003 W. Balto St.

Spec.—12-9-25—A Co.—200 Bks.

E 12801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2 112

E 12801

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4403 Liberty Heights Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Calvin Simmons

(a) RESIDENCE NO. 4403 Liberty Heights Ave St. Ward Bethesda md

(Usual place of abode) Bethesda Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 5/1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Bethesda Md

10 NAME OF FATHER Dennis Calvin Simmons

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lillie May Bateman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

Informant Lillie May Simmons

(Address) Bethesda Md.

C. HAMPSON JONES, M. D.

1926 Per ACS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 28 — 1926

17 I HEREBY CERTIFY, That I attended deceased from July 24 1926 to July 28 1926

that I last saw him alive on July 28, 1926,

and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bethesda, Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Tested Stool

(Signed) Wheeler O. Hurff M. D.

, 19 (Address) Bethesda, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockville Md. Date of Burial July 29 1926

20 UNDERTAKER Harry R Amacost ADDRESS 4 2024 Ridgewood Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12802

CERTIFICATE OF DEATH.

185 E 12802

1-PLACE OF DEATH S/S Quaker City

City of BALTIMORE: (No.) Pier No.6 Locust Point. St., 24-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Golembiewski

(a) RESIDENCE NO. 1425 Andre St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6a If married, widowed, or divorced, HUSBAND of (XXXXXXXX) Helen Golembiewski

7 DATE OF BIRTH (month, day, and year) February 17, 1895

AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	31	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer): d/d

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Poland.

10 NAME OF FATHER Joseph Golembiewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

Informant Helen Golembiewski. (wife)

(Address) 1425 Andre St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall down hold of s/s Quaker City.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt M. D. (Coroner)

7/28 19 26 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial: July 30 1926

20 UNDERTAKER: John M. Wiles ADDRESS: 1803 Bank St.

Spec—12-23-21—E.B.R.S.—400 Blks.

Mc Carrenis Eder.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12803
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31

E 12803
Registered No.

City of BALTIMORE: (No. 13 E. Hoff St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mc Carrenis Eder

(a) Residence No. 13 7 N Wolfe St., Ward
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Mall

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day and year) Dec 17/1866

AGE, 69 yrs. 7 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Can Maker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or Country), Md

10-NAME OF FATHER, Mccarenis Eder

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

(Informant) Francis Eder

(Address) ~~137~~ 2 Evergreen ave.

9 1926 C. HAMPSON JONES, M. D.
19 Per Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 31/26

I HEREBY CERTIFY, That I attended deceased from July 24 19 26 to July 31 19 26

that I last saw him alive on July 27 19 26

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cut F.B.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

July 31/26 (Signed) C C Glades, M. D.

19 (Address) 143 W Biddle

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, July 30 1926

20-UNDERTAKER, Jos. J. Kerr ADDRESS 156 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12804

CERTIFICATE OF DEATH.

129 E 12804

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7th St Fairfield (St.) 25-9 (Ward)

2-FULL NAME Linda Reynolds

(a) RESIDENCE NO. 7th St Fairfield ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 2-27-1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	73	4	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER Geo. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Abigella unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Annie a Brimm

(Address) 7th St. Fairfield

7-29-1926 C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 12 1926 to July 26 1926

that I last saw h[illegible] alive on 7/26 1926

and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A Kleinhagen, M. D.

, 19 (Address) 1340 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 29 1926

20 UNDERTAKER: John H. Trader — ADDRESS 1027 Hanover

Spec.–1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12805

CERTIFICATE OF DEATH.

49

E 12805

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cyprus Gross

(a) RESIDENCE NO. 831 Leadin Hall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 & C

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant City Hospital Records
(Address)

Filed JUL 29 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17

I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to July 27, 1926, that I last saw him alive on July 26, 1926, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

Arterial Sclerosis

Chronic Myocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

July 27 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL July 30 1926

20 UNDERTAKER O L Brown's Son — ADDRESS 1016 W. Mosby

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12806

CERTIFICATE OF DEATH.

74-001 E 12806

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Andre. St 24-3 WARD)

2-FULL NAME Margarid Renis

(a) RESIDENCE No. 1355 Andre. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Renis

DATE OF BIRTH (month, day, and year) Jan 16 1868

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Homework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER Michael White

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Mannion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Pauline H Renis

(Address) 1355 Andre

Filed JUL 29 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926 to July 27, 1926, that I last saw h-e alive on July 26, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Uremia - Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Dr Pirosh, M. D.

7-27, 1926 (Address) 2202 W Lex

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Lehwald

DATE OF BURIAL July 30, 1926

UNDERTAKER Chas. L Stevens

ADDRESS Fonlaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12807

CERTIFICATE OF DEATH. 161-002

E 12807

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 St. Matthews ST. 25 WARD

2-FULL NAME Baby Young

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 25 1926

AGE: Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER James D. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Gertrude Steele

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

Informant J. H. Hoffner M.D.
(Address) Johns Hopkins Hospital

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 1926, to 7-25, 1926, that I last saw him alive on 7-25, 1926, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. H. Hoffner, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL | DATE OF BURIAL 19

20 UNDERTAKER: JOHNS HOPKINS HOSPITAL | ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12808 — CERTIFICATE OF DEATH. — 112 — E 12808

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 N. Mulberry St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Howard

Residence in Baltimore: No. 1111 N. Mulberry St.; yrs. 45yrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Cold

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1 (Year)

7-AGE. About 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). N. C.

10-NAME OF FATHER. Lloyd Downs

11-BIRTHPLACE OF FATHER. (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). N C

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Howard

(Address) 1111 N. Mulberry St

July 29 1926 — C. HAMPSON JONES, M. D. Registrar. Per R.E.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 26 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest aforesaid find that said deceased came to ... death on the day stated above. (Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Acute Indigestion

One hour (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. R. Norton M. D. (Coroner.)

July 28th 1926 (Address) Curtis Bay Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery — DATE OF BURIAL. July 29 1926

20-UNDERTAKER. Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12809

CERTIFICATE OF DEATH.

90 E 12809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Rear- 545 W. Mechen ST. 17-3 WARD)

2-FULL NAME Carrie Hake

(a) RESIDENCE NO. Rear - 545 W. Mechen ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) — — 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0 10

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Henry Hake

11 BIRTHPLACE OF FATHER (city or town) Hamilly (State or country) Va

12 MAIDEN NAME OF MOTHER Louisa Wyatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Oscar Hake

(Address) 1512 W. Cullob St

Filed 1926 .19 C. MAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12 .19 26 to July 27. .19 26.,

that I last saw her alive on July 23 .19 26.,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Lee Clinard, M. D.

7/29. 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL July 29 1926

20 UNDERTAKER Samuel T. Hemsley ADDRESS 578 W. Balto

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12810

CERTIFICATE OF DEATH.

44 E 12810

Registered No.....

1-PLACE OF DEATH Baltimore Md.

City of BALTIMORE: (No. 1204 Druid Hill Ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Baker

(a) Residence No. 1204 Druid Hill Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie Baker

DATE OF BIRTH (month, day and year) Sept 17-1874

AGE. 57 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Butler 070

(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

(c) Name of employer General F. E. Waters

BIRTHPLACE (city or town)..... Baltimore

(State or Country), Maryland.

10-NAME OF FATHER, Joseph Baker

11-BIRTHPLACE OF FATHER (city or town) Baltimore

(State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Not Known.

13-BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or Country), Maryland.

(Informant)..... Minnie Baker

(Address)..... 1204 Druid Hill ave

..... (192[illegible] C. HARRISON JONES, M. D.
Registrar.

JUL 1926 Det [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 25/1926

17- I HEREBY CERTIFY, That I attended deceased from March 16 1926 to July 26 1926

that I last saw h[illegible] alive on July 25 1926

and that death occurred, on the date stated above, at 6-20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder and Duodenum and Adnexa

.....(Duration).....yrs. 8 mos.....ds.

CONTRIBUTORY
(Secondary) .....

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of Feb 11 25/26

Was there an autopsy? No attempted operation

What test confirmed diagnosis Clinical findings

(Signed) J. Bunnell Lango, M. D.

, 19 (Address) 2937 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 29 1926

20-UNDERTAKER, Samuel H. Lewis & Wm. Eddis ADDRESS 578 Park Ave.

Spec.—1-10-21—M&T—1500 Bks.

Ratcrel Silverberg

12811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12811

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ratcrel Silverberg

(a) RESIDENCE NO. 1621 E. Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Silverberg

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	37	9	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Swonberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Liedell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jacob Silverberg

(Address) 1621 E. Pratt St.

Filed JUL 29 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-19, 1926, to 7-28, 1926.

that I last saw h[illegible] alive on 7-28, 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Multiple abscess of left kidney

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

Cardiac failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-23-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) A. Miller Goodheimer M. D.

, 19 (Address) 2201 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrman Rm | DATE OF BURIAL July 29 1926

20 UNDERTAKER Jack Lewis | ADDRESS [illegible]

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12812

CERTIFICATE OF DEATH. 161-001 E 12812

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Haramsky.

(a) RESIDENCE NO. 806 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 7-28-26

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
				5 hrs

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Harry Haramsky.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Kessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Levin

(Address) 1429 Eastern Ave

Filed 9 1926, 19

C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to , 19 .

that I last saw her alive on July 28, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity -

Hemicephalus.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Corneil DATE OF BURIAL July 29 1926

20 UNDERTAKER Jack Levin ADDRESS 1429 E Balto

Spec.—12-9-25—A Co.—200 Bks.

E 12813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/8-102

E 12813

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary.

City of BALTIMORE: (No. Broadway & Fairmount St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Perkins, 3rd.

(a) RESIDENCE NO. 1325 Eutaw Place. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 3 1900

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	1	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile

(b) General nature of industry, business, or establishment in which employed (or employer) business

(c) Name of employer Self

BIRTHPLACE (city or town) Balto

(State or country) Md

10 NAME OF FATHER William Henry Perkins Jr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Mary McCoy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

Informant Mary McC Perkins

(Address) 1325 Eutaw Pl

Filed 19 PAUL C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to July 28, 1926, that I last saw h~~im~~ alive on July 28, 1926, and that death occurred, on the date stated above, at 2:25 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Peritonitis - 3 days

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of July 25, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George B Buel, M. D.

, 19 (Address) Church Hosp. & Dis.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Date of Burial July 30, 1926

20 UNDERTAKER J. J. Jackson & Bro ADDRESS Balto

JUL 29 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12814

CERTIFICATE OF DEATH.

118-002

E 12814

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST., 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bertha Ruppreckt

(a) RESIDENCE NO. 2634 Hanford Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mr. Louis C Ruppreckt

DATE OF BIRTH (month, day, and year) May 9th 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	2	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Louis Fleischer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Marko

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Deceased
(Address)

Filed JUL 29 1926 HARRY H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15th, 1926, to July 27, 1926, that I last saw h~~e~~r alive on July 27, 1926, and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Pyloric Obstruction

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Paralytic Illeus

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of July 19, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A Jamieson, M. D.

, 19 (Address) 5 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: July 31 1926

UNDERTAKER: Wm J Fulmer & Sons — ADDRESS: 7 E La Cor

Spec.—12-9-25—A Co.—200 Bks.

1934 B 12815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 12815

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. ____ St. ____ Ward) 14-2

2-FULL NAME Matthews, Nettie F. Mrs

(a) RESIDENCE NO. 1812 Bolton St. St. Balto Ward Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

7 DATE OF BIRTH (month, day, and year) ? ? 1868

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	58 yrs.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Md —

(State or country)

10 NAME OF FATHER Benjamin Matthews

11 BIRTHPLACE OF FATHER (city or town): Md —

(State or country)

12 MAIDEN NAME OF MOTHER Maude Matthews

13 BIRTHPLACE OF MOTHER (city or town): Md —

(State or country)

Informant: Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed ____, 19__ ____ Registrar.

9 1926 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to July 26, 1926, that I last saw her alive on July 28, 1926, and that death occurred, on the date stated above, at 9 15 P m.

The CAUSE OF DEATH* was as follows:

Sinusitis, frontal, right

Broncho-pneumonia

(duration) yrs. 3+ mos. — ds.

CONTRIBUTORY (Secondary) Cystitis & pyelonephritis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? yes Date of July 6, 1926.

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam + operation

(Signed) Walter W. Eagle, M. D.

7/28, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Co. Date of Burial: July 5. 1926

20 UNDERTAKER: J. H. Tickner & Son ADDRESS: 1 & Ln

Spec.—1-10-21—M&T—1500 Bks.

E 12816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 12816

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Butler

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1879

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or.....min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant City Hospital Records

(Address)

Filed 29 1926 Per RJL Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 26, 1926,

that I last saw him alive on July 25, 1926,

and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R Hooper Lynch M. D.

July 25 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock Md.

DATE OF BURIAL 7-30 1926

20 UNDERTAKER George T. A. Gibson

ADDRESS 1735 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12817 — 185 — E 12817

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St. 19-2 Ward)

2-FULL NAME Gordon B Arnold

(a) RESIDENCE NO. 1402 W Lombard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Arnold

7 DATE OF BIRTH (month, day, and year): Mar 2 1893

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	7	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer): Cleaning Building

(c) Name of employer: Mary Land Window Cleaning Co

BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: John Arnold

11 BIRTHPLACE OF FATHER (city or town): Balt md

(State or country)

12 MAIDEN NAME OF MOTHER: Laura Halbert

13 BIRTHPLACE OF MOTHER (city or town): Balt md

(State or country)

Informant: Mary G Arnold

(Address) 1402 W Lombard

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Fall from scaffold while at work

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Samuel L Leiter M. D.

(Coroner)

, 1926 (Address) 3325 Pod Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: July 31 1926

20 UNDERTAKER: George J Smith — ADDRESS 153 Hollins

JUL 29 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12818

CERTIFICATE OF DEATH.

161-001 E 12818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 910 Lemmon St. (ST.) 18-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Cuhan,

(a) RESIDENCE NO. 910 Lemmon St. (ST.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred \ yrs. \ mos. 1 Hr, How long in U. S., if of foreign birth? \ yrs. \ mos. \ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) July 27. 1926

AGE	Years	Months	Days	If LESS than ~~1 day~~ 1 hrs. ~~or ... min.~~
	\	\	\	1 Hour.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Geo. A. Cuhan,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annie Lennard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Geo. A. Cuhan,

(Address) 910 Lemmon St.

Filed 9-1926, 19 Pct. RK

C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926. to July 27 1926.

that I last saw him alive on July 27, 1926.

and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6 months)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? none.

(Signed) Chas. Norton, M. D.

1926 (Address) 888 W Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL July 27, 1926

20 UNDERTAKER John F. Cowan & Son

ADDRESS 901 Hollins St

per Geo. F. Cowan

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12819

CERTIFICATE OF DEATH.

100-001

E 12819

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mc Farlane

(a) RESIDENCE NO. 3521 East Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1893 Dec 29

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32 33	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Howard McFarlane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Augusta Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant City Hospital Records (Address)

Filed ....., 19 .....

C. HARPSON JONES, M. D. Registrar

29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to July 28, 1926, that I last saw him alive on July 27, 1926, and that death occurred, on the date stated above, at 3-10 A m.

The CAUSE OF DEATH* was as follows:

Chronic and Acute Alcoholism

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hoopie Smith, M. D.

July 28 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL 7/30 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Mad Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

187-001

E 12820
1-PLACE OF DEATH

E 12820
REGISTERED NO.

City of BALTIMORE: (No. St Joseph Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Dembeck

(a) RESIDENCE NO. 2619 Fait Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred? life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

7 DATE OF BIRTH (month, day, and year) July 1/1909

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	0	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Temporary Employment (Summer)

(b) General nature of industry, business, or establishment in which employed (or employer) General Furniture Co. President & Aliceanna

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md

(State or country)

10 NAME OF FATHER John Dembeck

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Krupski

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

Informant John Dembeck

(Address) 2619 Fait Ave

Filed 7-29 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Skull & chest. Caught bet floor of elevator & ceiling of 2nd floor. Accidental-carelessness of deceased. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Patterson, M. D. (Coroner)

7/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus, Date of Burial July 30 1926.

20 UNDERTAKER W. F. Sadowski ADDRESS 705 S. Ann St

Spec.—1-16-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12821 CERTIFICATE OF DEATH. 90 E 12821

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST., 23 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry McReady

(a) RESIDENCE NO. 1001 Plum Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	31			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John West McReady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise —?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant City Hospital Records. (Address)

Filed [illegible] 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1926, to July 26, 1926, that I last saw him alive on July 25, 1926, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Pulmonic Mitral Insufficiency

Chronic Myocarditis

(duration) 5 yrs ? mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lemmon, M. D.

July 27 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

BALTIMORE CITY HOSPITALS
UNIVERSITY OF MARYLAND
Commissioner of Health

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12822

12822

CERTIFICATE OF DEATH.

x 29

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital, 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Flathman

(a) RESIDENCE NO. Balto Co Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Farmhand

(c) Name of employer Henry Balto Co

9 BIRTHPLACE (city or town)_____

(State or country) Germany

10 NAME OF FATHER Flathman

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

Informant Niece

(Address) near Towson

Filed_____ 19____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Tetanus

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Injury on hand while working on farm (duration) ___ yrs. 1 mos. 8 ds.

(Signed) James H. Hanlon M. D.
(Coroner)

7 28 1926 (Address) 7002 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. H. LAMPSON JONES M. D.

9 1926 RPH

UNIVERSITY OF MARYLAND

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12823

CERTIFICATE OF DEATH.

31 E 12823

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Calvin St. ST., 5-1 WARD)

2-FULL NAME Emma Powell

(a) RESIDENCE NO. 108 Calvin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Wid

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town)
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

1926 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmon.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. S. Haley, M. D.
(Coroner.)

July 23, 192 6 (Address) 1639 Bank Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12824 (1-PLACE OF DEATH)

31

E 12824 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 504 Lemon ST., H-1 WARD)

2-FULL NAME Edward Hobbs

(a) RESIDENCE NO. 504 Lemon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	M?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of not known

DATE OF BIRTH (month, day, and year) not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	60?			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work not known
(b) General nature of industry, business, or establishment in which employed (or employer) 67
(c) Name of employer

BIRTHPLACE (city or town) not known
(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town) not known
(State or country)

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (city or town) ....
(State or country)

Informant
(Address)

Filed ..... 192.... Registrar

C. HARRISON JONES, M. D.

1926 REH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Tuberculous Peritonitis
Pulmonary Tuberculosis
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harold Stuart Hirsh, M. D.
(Coroner.)
, 1926 (Address) 3328 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
MORGUE

Spec—12-23-21—E.B.R.S.—400 Bks.

12825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12825

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 922 Jordan St., 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Jordan (Baker)

(a) Residence No. 922 Jordan St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-Single, Married, Widowed or Divorced. (Write the word) Baby

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) 7-28-26

8-AGE. 24 hours. Focus

.....yrs.....mos.....ds.

If LESS than 1 day, 1 hrs. or.....min.*

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), 922 Jordan St Balto

10-NAME OF FATHER, James Weems

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Fannie Estella Baker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

(Informant).....

(Address).....

Filed 1926 C. HAMPSON JONES, M. D. Registrar.

By ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-28-26

17- I HEREBY CERTIFY, That I attended deceased from 7-28 — 1926 to 7-28 1926

that I last saw h/m alive on 7-28 — 1926

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

~~Coma~~ Prematurity

1 hr.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm F. Dodge M.D., M. D.

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12826

CERTIFICATE OF DEATH.

159-002 E 12826

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 830 Bradley Av St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bell

(a) RESIDENCE NO. 830 Bradley Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): July 28, 1926

AGE: Years 0 Months 0 Days — IF LESS than 1 day 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER Eugene Bell

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Hall

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

Informant: Grace Bell

(Address) 830 Bradley Av

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale.

2 hrs.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

7/29 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Zion Cem — Date of Burial 7/29 1926

20 UNDERTAKER: Jas. M. Skinner — ADDRESS 1625 E. Mad st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95 E 12827

12837 OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1224 E. Biddle St St., 4-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary White

(a) RESIDENCE NO. 2204 E Chase St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	divirced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton White

6 DATE OF BIRTH (month, day, and year) March 13/1895

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	4	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Samuel S. Ehrhardt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rebecca Lotz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

Informant Rebbeca Ehrhardt (Mother)

(Address) 2204 E. Chase St

926 C. HAMPSON JONES, M. D., Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Probably intraabdominal Hemorrhage.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cause undetermined

(duration) .....yrs. .....mos. .....ds.

(Signed) J. R. Kaiser, M. D.

(Coroner)

7/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cemetery Date of Burial July 30 1926

20 UNDERTAKER Henry Lutz ADDRESS 1203 N Broadway

12828 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 12828

CERTIFICATE OF DEATH. 3-182 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of President St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Balin

(Residence in Baltimore: No. 108 S. Albermarle St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Child

6-DATE OF BIRTH: March 28 th (Month) (Day), 1920 (Year)

7-AGE: 6 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto., Md,

10-NAME OF FATHER: Jacob Balin

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Minnie Rosen

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Balin

(Address) 108 S. Albermarle St.,

1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found July 29 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
by falling from Pile 7 Locust Point Harbor
.....(Duration).....yrs.....mos.....ds. suddenly

CONTRIBUTORY (Secondary)
.....(Duration) 1 yrs.....mos.....ds.

(Signed) James M Fenton M. D.
(Coroner.)
7 29 1926 (Address) Foot Chase

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship DATE OF BURIAL, July 29 1926

20-UNDERTAKER, Jack Levin ADDRESS 1437 Eutaw St

Spec.—1-10-21—M&T—1500 Bka.

E 12829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12829

41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 12 WARD) 1

2-FULL NAME Mrs. Nancy Trenary

(a) RESIDENCE NO. Union Memorial Hospital ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Sept. 29, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 069

(b) General nature of industry, business, or establishment in which employed (or employer) Union Memorial Hospital

(c) Name of employer Baltimore, Md.

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER George Wallace

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

12 MAIDEN NAME OF MOTHER Martha Sellman

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

Informant Record

(Address) Union Memorial Hosp

1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 28, 1926,

that I last saw her alive on July 28, 1926,

and that death occurred, on the date stated above, at 4 20 A m.

The CAUSE OF DEATH* was as follows:

Septicemia, generalized. Following extensive infection in the neck No cause for infection known.

(duration) ... yrs. - mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Blood test.

(Signed) Jesse S. Spangler, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 30 1926
20 UNDERTAKER	ADDRESS
Henry A. Jenkins Sons	2 n Gallod & Orchard

SJS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12830

CERTIFICATE OF DEATH. 161-001 E 12830

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. St 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Groth

(a) RESIDENCE NO. 1004 N. Edwards St St. Ward

(Usual place of abode) Bentalou (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28th 1926

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.

7 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto

(State or country) Md

10 NAME OF FATHER Francis H.

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary A. Blake

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

Informant J. H. Groth

(Address) 1004 N. Edwards St

1926 C. HAMPSON JONES, M. D. Registrar

Per ARW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to July 28, 1926, that I last saw h— alive on July 28, 1926, and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows: Prematurity — (4½ Mos. Fetus)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John G. Norwood, M. D.

, 19 (Address) 3243 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial 7/31 1926

20 UNDERTAKER Wm. J. Tucker Sons ADDRESS Eutaw & Monument

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12831

CERTIFICATE OF DEATH.

E 12831

188-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE. Maryland General Hospital St., Ward 18-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Reynolds

(a) RESIDENCE NO. 924 W. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John P Reynolds.

6 DATE OF BIRTH (month, day, and year) Unknown 1876

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER Matthew Donohue

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Heffron

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Mr John P Reynolds

(Address) 924 W Lombard St.

1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture Skull

Street Car Accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.

(Coroner)

7/29 1926 (Address) 3672 Roland Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial July 30 1926

20 UNDERTAKER John F Gorman & Son ADDRESS 1 Holliday St

Per H. F. Gorman

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12832

CERTIFICATE OF DEATH.

31 E 12832

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 S Spring St., 3-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Coleman

(a) RESIDENCE NO. 24 S Spring St. ____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed or divorced HUSBAND of (or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) August 13, 1892

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
33 34		11	16 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Richmond

(State or country) Va

10 NAME OF FATHER Earnest Coleman

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Clark

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) _____

Informant Estelle Johnson

(Address) 926 Eastern Ave

Filed _____ 19____ C. HAMPSON JONES, M. D.

Registrar

1826 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1926, to July 28, 1926, that I last saw him alive on July 28, 1926, and that death occurred, on the date stated above, at 1:00 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis + acute dilatation of heart

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Dilatation

Pneumonia (duration) ____ yrs. ____ mos. 5 ds.

18 Where was disease contracted? Hospital

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) George B. Callard, M. D.

July 28 1926 (Address) 608 Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial 7/30/26

20 UNDERTAKER: Geo. J. Pahl & Son — ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

12833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12833

CERTIFICATE OF DEATH 100-001

1-PLACE OF DEATH 1511 N. Bond 8-3 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., E WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs ~~[illegible]~~ Margaret Smith

(a) RESIDENCE NO. 1511 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fe	w	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James Smith

DATE OF BIRTH (month, day, and year) 7/15/1868

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
58	—	—	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Thomas Ryland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) James Smith

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926 to July 29, 1926

that I last saw her alive on July 28, 1926

and that death occurred, on the date stated above, at 3 A m

The CAUSE OF DEATH* was as follows:

Coronary Arteriosclerosis

Cardiac decompensation

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia Bronch

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Physical

(Signed) Fred Y. Kyser, M. D.

, 19 (Address) 3321 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 7/31/26

20 UNDERTAKER George J. Roth Sons ADDRESS 1731 Harford

Spec.—1-10-21—M&T—1500 Bks.

E 12834 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12834

90

CERTIFICATE OF DEATH.

REGISTERED NO. 18-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W. Saratoga ST., WARD)

2-FULL NAME Ruth Adella Collins, Thompson, Middleton

(a) RESIDENCE NO. 822 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Two yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Middleton

DATE OF BIRTH (month, day, and year): June 9 - 1906

AGE: Years 1906 / 20 / 20 Months 1 2 Days 19

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Monticello Georgia

10 NAME OF FATHER: Turner Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known Georgia

12 MAIDEN NAME OF MOTHER: Adella Griggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jones Co. Georgia

Informant (Address): Adella Thompson 822 W. Saratoga St

C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1925, to July 28, 1926.

that I last saw her alive on July 28, 1926.

and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (acute dilatation)

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. L. Campbell M. D.

, 19 (Address) 1400 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DM Cullum Cem. DATE OF BURIAL: July 29 1926

20 UNDERTAKER: David Easton ADDRESS 916 E Cone

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12835 33 E 12835

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., 17-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Hawkins

(a) RESIDENCE NO. 672 Bradley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hawkins

6 DATE OF BIRTH (month, day, and year): 1894

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: none lately

8 BIRTHPLACE (city or town)

(State or country): Balto City

10 NAME OF FATHER: Hawkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

Informant: Mary Hawkins

(Address): 672 Bradley St

1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) vomiting & Diarrhea

(duration) .....yrs. .....mos. 4 ds.

(Signed) James M. Fenton M. D.

(Coroner)

7-28 1926 (Address) 700 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral by Date of Burial: July 29/1926

20 UNDERTAKER: Daniel Carton ADDRESS: Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12836

CERTIFICATE OF DEATH.

#7

E 12836

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital WARD) 11-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine DeCoursey

(a) RESIDENCE NO. 921 North Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER George Keasey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth DeCoursey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Willie DeCoursey

(Address) 926 Brunswick

1926 C. HAMPSON JONES, M. D. Registrar

Pet

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to July 27, 1926, that I last saw h[illegible] alive on July 27, 1926, and that death occurred, on the date stated above, at 11 15 a. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Left Breast & Metastases (10 months duration) Osteomyelitis of Lower Jaw — (duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs & Autopsy

(Signed) M. Carvel, M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem | DATE OF BURIAL July 29/1926

20 UNDERTAKER Daniel Easton | ADDRESS 916 Pa ave.

Spec.—1-12-23—M&T—500 Bks.

E 12837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12837

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH U.S. Marine Hospital #1 — REGISTERED NO. 12-2

CITY OF BALTIMORE: (No. Baltimore, Md ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Handler.

(a) RESIDENCE No. U.S. Marine Hospital #1 ST., Balt, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs Unknown — ds. How long in U. S., if of foreign birth? 4 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 15, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman.

(c) Name of employer S/S Fairmore

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Ernest Handler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Mandell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Self.

(Address)

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 28, 1926, that I last saw him alive on July 28, 1926, and that death occurred, on the date stated above, at 5 25 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease.

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) U.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical findings & laboratory tests.

(Signed) H. L. Trimble, M. D.

(Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary Hampden — DATE OF BURIAL July 31 1926

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125 E. North Ave

Spec.—12-9-25—A Co.—200 Bks.

E 12838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 84

E 12838

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 7-D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael P. Murphy.

(a) RESIDENCE NO. Saybrook town St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 9 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Railroad Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): 13

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland.

(State or country)

10 NAME OF FATHER Patrick Murphy.

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

Informant ____

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 19 C. HAMPSON JONES M. D.

Per RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 30, 1926, that I last saw him alive on July 30, 1926, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign
Adenoma of Pituitary
1 + ?

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted ____

If not at place of death? ____

Did an operation precede death? yes Date of 7-21-26

Was there an autopsy? not

What test confirmed diagnosis? Operation

(Signed) H. H. Hart M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saybrook Town — Date of Burial 7/30/1926

20 UNDERTAKER: Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-10-21—M&T—1500 Blks.

E 12839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12839

CERTIFICATE OF DEATH.

129

26-2

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hazelwood Ave. nr Cole ST., 26th WARD.

2-FULL NAME Catherine Milchling

(a) RESIDENCE No. Hazelwood Ave. nr Cole ST., 26th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, ~~or divorced~~ HUSBAND of (or WIFE of) Widow of John Milchling

7 DATE OF BIRTH (month, day, and year) Not known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	67			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Martin Weight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Mrs. Joseph Milchling

(Address) 2048 E. Federal St.

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

0 1920 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29th. 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31st. 1926 to July 29th 1926.

that I last saw her alive on July 29th. 1926.

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Myocarditis & Endocarditis

Many years (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) A. L. Wilkinson M. D.

7/29/1926 (Address) Reisterstown, Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Aug. 2nd 1926

20 UNDERTAKER: Henry Hoeck & Son — ADDRESS: 1301 E. Eager

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12840 — 43 — E 12840

1-PLACE OF DEATH Aged Mens Home.

REGISTERED NO.

CITY OF BALTIMORE: (No. 1400 W. Lexington ST.: 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Wood

(a) RESIDENCE. NO. 1400 W. Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) April 1. 1846

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Tug Boat 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Aleorn Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Anna Wyter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

Informant L. Blanche Fisher

(Address) 1400 W. Lexington St.

Filed JUL 15 1926 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3 1926, to July 29 1926, that I last saw him alive on July 26 1926, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Jaw

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Microscope

(Signed) Jas L. Hooper, M. D.

7/29 1926 (Address) 862 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: July 30 1926

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12841 E 12841

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Bentalou St. 16-5 Ward) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin McGraw

(Residence in Baltimore: No. 609 Bentalou St. St.; 51 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (~~Write the word.~~) M.

6-DATE OF BIRTH, January 28 1875
(Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sign't. of O.75
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railway

9-BIRTHPLACE (State or Country), Balto, Md.

10-NAME OF FATHER, George McGraw

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

~~I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.~~

(Informant) Mrs. Mildred McGraw

(Address) 609 N. Bentalou St.

30 1926 C. HAMPSON JONES, M. D.
....., 191.....
Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1926 to July 29 1926.
that I saw him alive on July 29- 1926.
and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 10 yrs. mos. ds.

(Signed) Millard Lozell Jones, M. D.

July 29, 1926 (Address) 3705 Liberty Hts. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. Lorraine Park Cemetery DATE OF BURIAL. July 31., 1926

20-UNDERTAKER Jos Joerdens & Son ADDRESS 217 S. Paca

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 ✓ E 12842

1-PLACE OF DEATH U. Hospital. REGISTERED NO. E 12842

City of BALTIMORE: (No.) St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Grace Brown

(a) RESIDENCE NO. 66 Market Place — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): ✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 28 1884

7 AGE: Years 42 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town): ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country)

Informant: Hospital Record

(Address)

Filed 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to July 28, 1926

that I last saw h— alive on July 28, 1926

and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia c Cirrhosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John E. Norment M. D.

, 19 (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

JUL 30 1926

0533

Spec.—12-9-25—A Co.—200 Bks.

Crawshaw. ✓

E 12843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

E 12843 REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ..... St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Crawshaw

(a) RESIDENCE NO. 3326 — Fredrick Ave., St. ..... Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm R Crawshaw

6 DATE OF BIRTH (month, day, and year): June 1 1860

7 AGE: Years 60 | Months 1 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

BIRTHPLACE (city or town): Maryland

(State or country)

10 NAME OF FATHER: Thos Tolley

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Melanson

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

Informant: Mrs Harry Dorsey

(Address): 3326 Fredk Ave

Filed ..... 19 ..... HAMPSON JONES M. D.

..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1926

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1926 to July 29, 1926,

that I last saw h.. alive on July 29, 1926,

and that death occurred, on the date stated above, at 7.35 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus —

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Gangrene left foot —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of July 14 - 26

Was there an autopsy? no :(

What test confirmed diagnosis? .....

(Signed) John C. Vincent M. D.

, 19 (Address) 3343 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — Date of Burial 7/31 1926

20 UNDERTAKER: George A Farley Fulton — ADDRESS Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12844

CERTIFICATE OF DEATH.

144 E 12844

REGISTERED NO.

1-PLACE OF DEATH Maryland Genl Hosp

CITY OF BALTIMORE: (NO. ST. 13-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rachel Freiman

(a) RESIDENCE NO. 1213 Weldon Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B Freiman

DATE OF BIRTH (month, day, and year) May 5 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36		6	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Sunshine Md (State or country)

10 NAME OF FATHER James E Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Dwyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Lucy Lee Harvey

(Address) 1213 Weldon Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to July 29, 1926, that I last saw her alive on July 29, 1926, and that death occurred, on the date stated above, at 8 05 P. m.

The CAUSE OF DEATH* was as follows:

Pregnancy with premature separation of Placenta

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation (duration) yrs. mos. 3 mos

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of July 29. 26

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) Geo A Wampler M. D.

, 19 (Address) Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

26 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Cemetery	July 31 1926
27 UNDERTAKER	ADDRESS
H S Marshall	359 Fall Road

File L 30 1926 HAMPSON JONES, M. D. Registrar

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12845

CERTIFICATE OF DEATH.

90 E 12345

REGISTERED NO.

1-PLACE OF DEATH South Baltimore Gen Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1213 Light St., 7-3 Ward)

2-FULL NAME Mrs. Elizabeth Bradyhouse

(a) RESIDENCE NO. 520 W. Lemwood Ave St. 7 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Washington E. Bradyhouse

6 DATE OF BIRTH (month, day, and year): Nov. 23 1860

7 AGE: Years 45 Months 8 Days 6 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hawk

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Maryland.

10 NAME OF FATHER: Chas. Foxwell.

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Catherine Gray

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country) Md.

Informant: Elias E. Foxwell (Brother)

(Address) 520 N. Lemwood Ave.

Filed ..... 19 ..... C. HAMPSON JONES, M.D. Registrar

0 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to July 29, 1926, that I last saw h.e.r. alive on July 29, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted? -

If not at place of death?

Did an operation precede death? No Date of -

Was there an antopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. B. Dalton, M. D.

19 (Address) South Balt Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery Date of Burial July 1926

20 UNDERTAKER: Lilly & Zeile ADDRESS 403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12846

CERTIFICATE OF DEATH. X 202 E 12846

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johnds Hopkins Hospital Ward) 1-1

2-FULL NAME Robt. Thomas Brooke

(a) RESIDENCE NO. Birmingham Ala. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white si ngle	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Oct 18-1915

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	9.	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Ala.

10 NAME OF FATHER Robt. T. Brooke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Sutherland Va.

12 MAIDEN NAME OF MOTHER Gamaliel Dixon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Georgia

Informant Robt. T. Brooke (father)

(Address) Birmingham Ala.

Filed ..... 19 C. HAMPSON JONES, M.

30 192 Per RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 July 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Abcess- fractured Skull

Occidently struck with stone by a companion while at play at a camp somewhere in North Carolina

CONTRIBUTORY (Secondary) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Culler M. D.

(Coroner)

7/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Birmingham Ala Date of Burial July 30 26

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

12847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 E 12847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Schroeder Street ST. 18-3 WARD)

2-FULL NAME Andrew Lambert

(a) RESIDENCE NO. 28 S. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Lambert

DATE OF BIRTH (month, day, and year) May, 23" 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.

(c) Name of employer Baltimore City

BIRTHPLACE (city or town) (State or country) Delaware

10 NAME OF FATHER Theodore Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Kleiman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Mrs. Pauline Lambert

(Address) 28 S. Schroeder St.

Filed 7/29 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 29" 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/24, 1926, to 7/24, 1926, that I last saw h[illegible] alive on 7/24, 1926, and that death occurred, on the date stated above, at 10.48 A. m.

The CAUSE OF DEATH* was as follows:

Starvation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Jaw

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) F. A. Sigrist, M. D.

7/29, 1926 (Address) 1520 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Aug 2 1926

UNDERTAKER Joseph B Cook

ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 12848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12848

CERTIFICATE OF DEATH.

56

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 Calhoun St ST. 16-6 WARD)

2-FULL NAME Marian Robinson

(a) RESIDENCE NO. 1154 Calhoun St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 7-28-25

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): 1154 Calhoun St Balto md

10 NAME OF FATHER: Laurence Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER: Mabel Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

Informant: Mother

(Address) 1154 Calhoun St.

Filed JUL 30 1926 19 C. HAMPSON JONES, M. D. Registrar

Per ZH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29 19 26

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 19 26, to 7-29, 19 26, that I last saw her alive on 7-29, 19 26, and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Rickets

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) malnutrition

(durstion) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) Frank H Saunders M. D.

7-30 19 26 (Address) 1123 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: W. A. Auburn

DATE OF BURIAL: July 30. 26

19 UNDERTAKER: Wm H Cruse Son

ADDRESS: 1400 Mad

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12849

CERTIFICATE OF DEATH.

74-001 E 12849

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 113 N. First St. St. 25-7 Ward)

2-FULL NAME Mary ELLEN Kindle. Brooklyn.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 113 N. First St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 28 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David Kindle.

6 DATE OF BIRTH (month, day, and year): June, 2, 1852.

7 AGE — Years: 74, Months: 1, Days: 26. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Mc. Connellsburg.

(State or country): Pa.

10 NAME OF FATHER: William Knable.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Pa.

12 MAIDEN NAME OF MOTHER: Martha Bevons.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa.

Informant: David Kindle

(Address): 113 N. First St.

Filed JUL 30 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to July 28, 1926, that I last saw h.. alive on July 28, 1926, and that death occurred, on the date stated above, at 8-00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 18 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ...yrs. ...mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

I saw Deceased Jul 10 1926 and Attended Her Last Illness

(Signed) J. Clark Cassebeer, M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial July 31 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 38 E. Fort Ave

Spec.—1-10-21—M& [redacted] Blks.

E 12850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

E 12850

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital WARD 14-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ramsay Stewart

(a) RESIDENCE No. 1405 Penna. Ave. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 78 yrs. 10 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary I. Stewart

DATE OF BIRTH (month, day, and year) Sept-13-1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Harness

(c) Name of employer Self

BIRTHPLACE (city or town) McConnellsville

(State or country) Ohio

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known

(State or country) Not Known

Informant Mrs. Mary I. Stewart (wife)

(Address) 1405 Penna. Ave.

Filed JUL 31 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926.

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1926. to July 29, 1926.

that I last saw him alive on July 29, 1926.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic gangrene of both feet.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	July-31-1926
20 UNDERTAKER	**ADDRESS**
STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 12851 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12851

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa McMagh

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Rumds Mt Hope. (Address) city

Filed 30 1926 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926.

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to July 29, 1926, that I last saw h alive on July 29, 1926, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis + Senility

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Clinical

(Signed) C. B. Jones, M. D.

July 30 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Pleasant Cemetery DATE OF BURIAL: July 30 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—12-9-34—Co.—200 Bks.

1941 E 12852

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 12852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

City of BALTIMORE: (No. St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Bronikowska (Bronikowski)

(a) RESIDENCE NO. 527 S. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 11 - 1900

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	7	18	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Balto.

10 NAME OF FATHER: Wm Bronikowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Zafot

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 19 C. HAMPSON JONES, M.D.

L30 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 28

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to July 28, 1926, that I last saw h. alive on July 28, 1926, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis superimposed on a chronic nephritis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Henry G. Peterman, M. D.

7/29 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial July 31 1926

UNDERTAKER: Wm Fallkowski — ADDRESS 1118 Eastern Ave

Spec. 4009. 25—A Co.—200 Blks.

1949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12853

CERTIFICATE OF DEATH.

X 49

E 12853

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. ____ St., 7-1 Ward)

2-FULL NAME Gertrude Lowitz

(a) RESIDENCE NO. Houston, Tex St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Texas -

10 NAME OF FATHER Daniel Lowitz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia -

12 MAIDEN NAME OF MOTHER Sarah Hurwitz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to July 30, 1926, that I last saw h.e alive on July 30, 1926 and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Houston Tex.

Did an operation precede death? yes Date of July 22,

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) E. E. James, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Rest Date of Burial July 30 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt St

Spec.—12 9... A Co.—200 Pks.

1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12854

CERTIFICATE OF DEATH.

X 101-001

REGISTERED No. 12854

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 1 — 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Caldarazzo.

(a) RESIDENCE NO. 242 Patterson Park Ave. South St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 17, 1925

AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
—	8	12	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

BIRTHPLACE (city or town) ....

(State or country) Phila.

10 NAME OF FATHER Frank Caldarazzo

11 BIRTHPLACE OF FATHER (city or town) ....

(State or country) Italy

12 MAIDEN NAME OF MOTHER Sarah Galeano

13 BIRTHPLACE OF MOTHER (city or town) ....

(State or country) Md.

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed AUG 30 1926 THOMPSON-MCCULLY CO. Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 19th 1926, to July 29, 1926,

that I last saw her alive on July 29, 1926

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia over

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Mongolian idiocy

life (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? ....

Did an operation precede death? no Date of ....

Was there an autopsy? no

What test confirmed diagnosis? Clin. & Laboratory methods

(Signed) Frank R. Smith, Jr., M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial July 31 1926

20 UNDERTAKER Wendell Bryfogle & Son — ADDRESS 370 N

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12855

REGISTERED NO._____

1-PLACE OF DEATH
12855
City of BALTIMORE: (No. 2624 Keyser St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Lucey

(a) RESIDENCE NO. 1609 N Bradford St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): April 4 1850

7 AGE: Years 76 | Months 3 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

BIRTHPLACE (city or town)
(State or country): New Jersey

10 NAME OF FATHER: James Nattenan

11 BIRTHPLACE OF FATHER (city or town)
(State or country): New York

12 MAIDEN NAME OF MOTHER: Jemma Gallagh

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): New York

Informant: Mrs Sadie Hogan
(Address): 1609 N Bradford

Filed _____, 19__ C. HAMPSON JONES
Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1921, to July 29, 1926, that I last saw h alive on July 29, 1926 and that death occurred, on the date stated above, at 12.20 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

of Lungs (duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Known

(Signed) Herbert Talmage, M. D.
July 30 1926 (Address) 1716 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: July 31 1926

20 UNDERTAKER: Wendell Ryffel & Son — ADDRESS: 378 N

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12856

CERTIFICATE OF DEATH.

129

20-4

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 337 S. Smallwood St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August H. Kracke.

(a) Residence No. 337 S. Smallwood St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Kracke

7-DATE OF BIRTH (month, day and year) Jan. 3-1877

8-AGE. 49 yrs. 6 mos. 24 ds. 25

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter 50

(b) General nature of Industry, business, or establishment in which employed (or employer). House 0

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Germany

10-NAME OF FATHER, Carl Kracke.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Ruteberg

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

(Informant) Mrs. Mary A. Kracke.

(Address) 337 S. Smallwood St.

....., 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 28-1926

17- I HEREBY CERTIFY, That I attended deceased from July 29. 1926 to July 28 1926

that I last saw h.. alive on July 27 1926

and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) E. J. Moore M. D

7-29, 1926 (Address) 116 Cathedral St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	July 31 1926
20-UNDERTAKER	ADDRESS
George L. Schwab	310 Fred'k Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 12857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12857

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 317 S Payson St. 20-5 WARD)

2-FULL NAME Lillian Mae Cannon

(a) RESIDENCE NO. 317 S Payson St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

DATE OF BIRTH (month, day, and year) Oct. 7th. 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	9	22 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Milton B. Cannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma F. Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Milton B. Cannon.

(Address) 317 S. Payson St.

FILED 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1926, to July 29, 1926.

that I last saw h alive on July 28, 1926,

and that death occurred, on the date stated above, at 7 45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. 29 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and

(Signed) James L. Dorsey M. D.

7/24/26 (Address) 1724 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug. 2 1926
20 UNDERTAKER	ADDRESS
George L. Schwab	201 Fulton Ave

Spec.—1-10-21—M&T—1500 Bks.

12858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12858

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp. (ST.) 25-3 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H Brauer

(a) RESIDENCE NO. [redacted] Veteran Avenue ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 7 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67		2	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Not Employed

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Edward Brauer

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER [redacted] Lawler

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

Informant Elizabeth E Whaller

(Address) 19 Veteran St Balto Md

Filed 1926

C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1926. to July 30, 1926.

that I last saw him alive on July 30, 1926

and that death occurred, on the date stated above, at 6 00 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas -

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of April 10, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Maydel, M. D.

, 19 (Address) Balto City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St James Cemetery Ampfield	July 30 1926
20 UNDERTAKER	ADDRESS
D L Hopkins	Timonium Md

Spec.—1-12-23—M&T—500 Bks.

E 12859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12859

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH Died at Baltimore General Hospital

CITY OF BALTIMORE: (No. Eaynor & Dukeland ST., 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry McCormick

(a) RESIDENCE NO. 1016 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ada McCormick

DATE OF BIRTH (month, day, and year) Oct 14, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Penna

10 NAME OF FATHER John H. McCormick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Margaret Flemming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

Informant Mrs Ada McCormick

(Address) 1016 N. Fulton Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to July 29, 1926

that I last saw h. alive on July 29, 1926,

and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis (bilateral)

(duration) yrs. mos 4 2 ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes Clinical findings and autopsy

What test confirmed diagnosis?

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	July 31 1926

20 UNDERTAKER W. M. Cook ADDRESS 504 E. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12860 E 12860

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2741 Gwynnmount Ave St., 9 Ward)

2-FULL NAME Jennie L Gunby

(a) RESIDENCE NO. 2741 Gwynnmount Ave St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of David Gunby

6 DATE OF BIRTH (month, day, and year) Oct 8, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER William Garrett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Lowry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

Informant David Gunby

(Address) 2741 Gwynnmount Ave.

Filed____, 19____ C. THOMPSON JONES, M. D. Registrar

1926 Per____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to July 29, 1926, that I last saw h[er] alive on July 29, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) I W Faddes, M. D.

7/30/26. 19 (Address) 321 E 25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Mem. Date of Burial July 31 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12861 90 E 12861

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1604 Harlem Ave St. 16-7 Ward)

2-FULL NAME Alfred Henry Russell

(a) RESIDENCE NO. 1604 Harlem Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21 1853

7 AGE: Years 73. Months _____ Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Brick Co

(c) Name of employer

9 BIRTHPLACE (city or town) Chestertown

(State or country) md

10 NAME OF FATHER Alfred H Russell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Eliza L. Usilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Charlotte Wells

(Address) 1926 Mt Royal Terrace

Filed _____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to July 29, 1926,

that I last saw him alive on July 29, 1926,

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Lieser, M. D.

7/30, 1926 (Address) 3421 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem Date of Burial July 31 1926

20 UNDERTAKER: John O. Mitchell ADDRESS 1201 W Lafayette

Spec.—12-9-25—A Co.—200 Bks.

E 12862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12862

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 Strathmore Ave. St., 27-12 Ward)

2-FULL NAME Matilda Carl.

(a) RESIDENCE NO. 9 Strathmore Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Carl

DATE OF BIRTH (month, day, and year) Dec. 12, 1830

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
95	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishmest in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Pennsylvania

10 NAME OF FATHER John Hoffman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Kaufman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant John D. Carl,

(Address) 9 Strathmore Ave.

1926 C. HAMPSON JONES, M. D. Registrar

Per not.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to July 30, 1926

that I last saw her alive on July 29, 1926

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (Infirmities of Age)

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

7/30 1926 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Milton, Pennsylvania	Aug. 2, 1926
20 UNDERTAKER E. Leroy Stiffler	ADDRESS 125 E. North Ave.

Spec.—12-9-25—A Co.—200 Blks.

E 12863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12863

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Little Sisters of the St. Paul 10-2 Ward)

2-FULL NAME Laura Carroll

(a) RESIDENCE NO. Preston Place St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow of

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Carroll

6 DATE OF BIRTH (month, day, and year) Feb. 14-1840

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
86	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Joseph Bartman

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Susan Tessniger

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sister Florence

(Address) Preston Place

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from to record ....., 19....., to ....., 19.....,

that I last saw h.. alive on July 27, 19 26,

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

July 29 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial: July 31 1926

20 UNDERTAKER: Rulo Wiedefeld ADDRESS: 914 Gruman Pl

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12864 E 12864

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Ashland Ave, ST. 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Wilson

(a) RESIDENCE No. 1102 Ashland Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb-19-1926

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. md.

10 NAME OF FATHER Carlton Wilson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto. md.

12 MAIDEN NAME OF MOTHER Fannie Cole

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto. md.

Informant (Address) Carlton Wilson 1102 Ashland Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Indigestion

(Artificially fed)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Waller, M. D.
(Coroner.)

7/30/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL July 31 1926

20 UNDERTAKER Otis H. Johnson ADDRESS 416 N. Carolina

Cor.—12-9-25—A Co.—200 Bks.

E 12865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12865

CERTIFICATE OF DEATH.

188-003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 18-1 Ward)

2-FULL NAME Columbus Jones

(a) RESIDENCE NO. 1101 Wagon al St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 68 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Annie Jones

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mrs. S. E Scott

(Address) 520 N. Lee

15 1926 C. HAMPSON JONES, M. D. Registrar

Per AKW

MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism. 4 days after having been accidentally struck by automobile (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) W. J. Ruby M. D.

(Coroner)

July 1926 (Address) 39 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) 4 days

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Date of Burial July 31/1926

20 UNDERTAKER: John W. Trader ADDRESS 1027 Druid Hill

Cor.—12-9-25—A Co.—200 Bks. (Celia Morgan)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12866

CERTIFICATE OF DEATH.

90

E 12866

1-PLACE OF DEATH

City of BALTIMORE: (No. Primary Road St. 22-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Morgan

(a) RESIDENCE NO. 137 York Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race Col. Widow

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Morgan

6 DATE OF BIRTH (month, day, and year) Mar 4 1856

7 AGE Years 70 Months ____ Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

10 NAME OF FATHER Nat Unknown

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Morgan

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country)

14 Informant Estella Morgan

(Address) 137 York St

15 C. HAMPSON JONES, M. D.

1926 Pct ____ ARH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

* Mitral Regurgitation

not given

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Samuel Adams M. D.

(Coroner)

, 1926 (Address) 3325 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Aug 2 1926

20 UNDERTAKER John H. Frazier ADDRESS 1027 Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

E 12867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12867

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 W Lexington ST., 18-1 WARD)

2-FULL NAME Elizabeth Wallace

(a) RESIDENCE NO. 828 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Wallace

6 DATE OF BIRTH (month, day, and year): 1/1/1870

7 AGE: Years 57 (56) | Months 7 (6) | Days 28 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Jas Newvorth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Susie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co Md

Informant (Address): Susie Wallace 828 W Lexington

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1926

17 I HEREBY CERTIFY That I attended deceased from June 25, 1926 to July 29, 1926.

that I last saw her alive on July 28, 1926.

and that death occurred, on the date stated above, at 9209 m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Uremic

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Ohlman, M. D.

, 19 (Address) 632 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. — DATE OF BURIAL: Aug 1 1926

20 UNDERTAKER: John H. Frodsham — ADDRESS 1627 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

E 12868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 12868

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 Hurley Ave St. 26 (Ward)

2-FULL NAME John Matzen

(a) RESIDENCE NO. 107 Hurley Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Matzen

6 DATE OF BIRTH (month, day, and year) Feb 9, 1840

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	86	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer 24

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Louis Matzen

(Address) 2539 Eastern Ave

15 1926 C. HAMPSON JONES, M. D. Registrar

Per A R W

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1926, to July 29, 1926, that I last saw him alive on July 29, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) E. A. Kalouche, M. D.

7/30, 1926 (Address) 421 S Ellwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
First Evangelical Cemetery	Aug. 2 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc.	1710 Fleet St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12869

CERTIFICATE OF DEATH.

90

E 12869

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 26-3 Ward)

2-FULL NAME William Smith

(a) RESIDENCE NO. 114 N. Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Smith

6 DATE OF BIRTH (month, day, and year): April 21 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Church Home & Infirmary

9 BIRTHPLACE (city or town):

(State or country): Holland

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not Known

Informant: Anna M. Smith

(Address): 114 N. Clinton St.

Filed 1926 C. H. THOMPSON JONES, M. D.

By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926, 19..., to July 29, 1926, 19...,

that I last saw him alive on July 27, 1926, 19...,

and that death occurred, on the date stated above, at 6 40 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Myocardial Failure

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon N. Norwood, M. D.

July 29 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Evangelical Cemetery — Date of Burial: July 31 1926

20 UNDERTAKER: Henry Sauder & Sons Inc — ADDRESS: 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

E 12870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12870

CERTIFICATE OF DEATH.

REGISTERED NO. 26-5-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST., T.B.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Nesnidal

(a) RESIDENCE NO. 3302 Pait ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Nesnidal

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Frank Nesnidal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Viola

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant Hospital Records

(Address)

1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to July 30, 1926, that I last saw him alive on July 30, 1926, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc.

Tuberculous Laryngitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Kattens, M. D.

7-30-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery — DATE OF BURIAL August 2 1926

20 UNDERTAKER Henry Sanders & Sons Inc. — ADDRESS 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

12871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-00 | E 12871

1-PLACE OF DEATH

City of BALTIMORE: No. JOHNS HOPKINS HOSPITAL Ward 1-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Mathai

(a) RESIDENCE NO. 522 S. Kenwood Ave Balto Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 11 1924

7 AGE — Years: 1 — Months: 8 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

10 NAME OF FATHER Frank J. Mathai

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Loretta Harmon

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to July 29, 1926, that I last saw h[illegible] alive on July 29, 1926, and that death occurred, on the date stated above, at 6.50 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & X Ray

(Signed) Chas W Connell, M. D.

7/29, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Aug. 2 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 12872 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12872

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 9

City of BALTIMORE: (No. 105 S ann st. St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Gronecki

(a) Residence No. 105 S. Ann street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 9 1925

7-AGE. 1 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) Balto md.
(State or Country),

10-NAME OF FATHER, Boleslaw Gronecki

11-BIRTHPLACE OF FATHER (city or town) Poland.
(State or Country),

12-MAIDEN NAME OF MOTHER, Jozefa Piaszecka

13-BIRTHPLACE OF MOTHER (city or town) Poland.
(State or Country),

14- (Informant) Boleslaw Gronecki

(Address) 105 S. Ann street

Filed 1926 C. HAMPSON JONES, M. D. Registrar.

1926 For NRH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 30-1926

17- I HEREBY CERTIFY, That I attended deceased from July 26 1926 to July 30 1926

that I last saw h.. alive on July 30 1926

and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Acute Cord + Pulmoni

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H Rogers M. D.

(Address) 807 N Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Rosary Cemy	July 31. 1926
20-UNDERTAKER.	ADDRESS
George A Weber	2206 Bank st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12873 E 12873

CERTIFICATE OF DEATH.

109-002

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital ST. 1-02 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Jabunski (Jablonski)

(Residence in Baltimore: No. 2716 Elliot St. St.; 2 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, July (Month) 23 (Day), 1924 (Year)

7-AGE, 2 yrs. mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. 0
(b) General nature of industry, business, or establishment in which employed (or employer). 0

9-BIRTHPLACE, (State or Country), Balto, Md. (Jablonski)

10-NAME OF FATHER, Michael Jabunski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Mary Melenko

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jabunska

(Address) 2716 Elliot St.

Filed ..... C. HAMPSON JONES, M. D. Registrar.

1926 Per ARB

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1926, to July 30, 1926, that I saw him alive on July 30, 1926, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Peritonsilar abscess.

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) yrs. mos. 2 ds.

(Signed) J. R. Lynch M. D.

7-30, 1926. (Address) 1076 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus cem

DATE OF BURIAL. July 31, 1926

20-UNDERTAKER John M. Weber

ADDRESS 803 Bank

Spec.—12-9-25—A Co.—200 Bks.

E 12874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114

E 12874

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1722 Snyder Court St. 2-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Anna. Buttner

(a) RESIDENCE NO. 1722 Snyder Court St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

10 NAME OF FATHER Victor . Buttner

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Teofila . Buzgierska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mr. Victor . Buttner

(Address) 1722 Snyder Court

15 Filed ..... 19 G. HAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7/30/26

17

I HEREBY CERTIFY, That I attended deceased from 7/29, 1926, to 7/30, 1926

that I last saw her alive on 7/30, 1926,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis & Toxic Colitis

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Lobular Bronchopneumonia Heart failure

(duration) ....yrs. ....mos. 1 ds.

* Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jay A Smith

, 1926 (Address) 1723 E Baltimore, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus cem July 31 1926

20 UNDERTAKER — ADDRESS

John M Weber 1803 Bank

Spec.—12-9-25—A Co.—200 Bks.

E 12875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12875

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Simon L. Palmbaum. 13-5

REGISTERED NO._____

City of BALTIMORE: (No. 3504 Auchentorolly Terrace St.____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon L. Palmbaum

(a) RESIDENCE NO. 3504 Auchentorolly Terrace St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Palmbaum

6 DATE OF BIRTH (month, day, and year) Feb 22/1866

7 AGE Years	Months	Days	IF LESS than 1 day....hrs. or....min.
60	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Russia Newstadt

(State or country)

10 NAME OF FATHER Perry Palmbaum

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Don't Know

14 Informant Elbert Palmbaum

(Address) 3504 Auchentorolly Terrace

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 11th 1926, to July 30th, 1926, that I last saw h[illegible] alive on July 30th, 1926, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. 6 mos. 19 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel Hembers, M. D.

, 19 (Address) 3735 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Hebrew Cemetery — Date of Burial Aug 1/1926

20 UNDERTAKER J. Ahrens & Son — ADDRESS 331 Pennsylvania Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12876 E 12876

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4244 N. Pine ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas

(a) RESIDENCE NO. 4244 N. Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Thomas

DATE OF BIRTH (month, day, and year) April 1, 1835

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	3	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Elizabeth Tinsley

(Address) 4244 Pine St

Filed 7/31, 1926 C. EMPSON JONES M.D. Registrar

For 1044

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/29/1926

17 I HEREBY CERTIFY, That I attended deceased from 5/15/, 1926, to 7/29/, 1926

that I last saw h[illegible] alive on 7/29/, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Howard Hays M. D.

7/31/1926 (Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL July 30 1926

20 UNDERTAKER Samuel T. Kinsley ADDRESS 578 N Eutaw

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12877

12877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1364 N. Fremont Av ST., 15-13 WARD)

REGISTERED NO. 194

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Thomas

(a) RESIDENCE NO. 1364 N. Fremont Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Thomas

6 DATE OF BIRTH (month, day, and year) —— 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Carolina Co Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ruth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Amelia Thomas

(Address) 1364 N. Fremont Av

Filed ....., 19 Per C. HAMPSON JONES, M. D. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2d, 1926, to July 28th, 1926, that I last saw him alive on July 25, 1926, and that death occurred, on the date stated above, at 5:00 A m.

The CAUSE OF DEATH* was as follows:

Cystitis Following Enlarged Prostate (duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Heat Prostration (duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward Entlackenmer M. D.

July 30 1926 (Address) 1339 N. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL July 31 26

20 UNDERTAKER Samuel H. Hemsley ADDRESS 578 N. Bridge

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12878

E 12878

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. 19-1 Ward)

2-FULL NAME Cynthia Garland

(a) RESIDENCE No. 1620 W. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) widow

If married, widowed, or divorced HUSBAND of or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Danville Va

10 NAME OF FATHER ? unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Rev. W. G. Mack

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1926

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to July 26, 1926

that I last saw her alive on July 29, 1926

and that death occurred, on the date stated above, at 5:35 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation pulmonary congestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of June 20, 1926

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard Sachs, M. D.

, 19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Aug 1 1926

UNDERTAKER Samuel H. Hawley ADDRESS 678 W. Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 12879 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12879

CERTIFICATE OF DEATH. 7H-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1427 Ross av (ST.) 16-6 (WARD)

2-FULL NAME Samuel Lane

(a) RESIDENCE. (No.) 1427 Ross av ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. If living in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Annie Lane

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE — Years: 69 — Months: — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Drayman

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Frederick Co. Md

10 NAME OF FATHER: John Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Mrs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mary Lane

(Address): 1427 Ross Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to July 28, 1926

that I last saw him alive on July 27, 1926

and that death occurred, on the date stated above at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

June 21- & July 26-26 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Lane M. D.

1926 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Cem. DATE OF BURIAL: July 31 26

20 UNDERTAKER: Samuel Hensley ADDRESS 778 W Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12880 E 12880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1514 Riggs Ave St. 16-6 Ward)

2-FULL NAME Harry Earl Figueroa

(a) RESIDENCE NO. 1514 Riggs Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 23 1925

7 AGE: Years ___ Months 8 Days 6 IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: Clarence Figueroa

11 BIRTHPLACE OF FATHER (city or town) ___

(State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Gladys Abrams

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Gladys Figueroa

(Address): 1514 Riggs Av

15 Filed ___ 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926, to July 29, 1926, that I last saw him alive on July 29, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(Primary)

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY ___

(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Wilbur Frey, M. D.

7/30, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Aug 1 1926

20 UNDERTAKER: R L Parham. — ADDRESS: 906 Leadenhall St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12881 — CERTIFICATE OF DEATH. — 129 — E 12881

1-PLACE OF DEATH Mercy Hospital — REGISTERED NO.

City of BALTIMORE: (No. ____ St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Joseph Kutsch.

(a) RESIDENCE NO. 401 St. Paul Place — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 3-1859

7 AGE — Years: 66 — Months: 10 — Days: 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Catholic Priest

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Indiana

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant: Rev Father Lackey

(Address) 401 St. Paul Place

Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 15, 19 26, to July 30, 19 26

that I last saw h— alive on July 30, 19 26,

and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Uremia —

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis - Hypertrophied Prostate.

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of July 28-26

Was there an autopsy? —

What test confirmed diagnosis? Clinical findings & Symptoms

(Signed) D. Murta, M. D.

, 19 (Address) Mercy Hospital - Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. — Date of Burial 8/2 1926

20 UNDERTAKER: Chas. P. Graves Son — ADDRESS 1180 W. Lanvale

Spec.—1-12-23—M&T—500 Bks.

(Albert. L. Naill) ✓

E 12882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 12882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 13-3 WARD)

2-FULL NAME Albert L Naill

(a) RESIDENCE No. 1329 Sycamore ave. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 14/1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15.	9.	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) cotton Mill

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Frederick co. Md.

10 NAME OF FATHER Sylvester O. Naill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Campbell co. Va.

12 MAIDEN NAME OF MOTHER Mary S. Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick co. Md.

Informant Sylvester O. Naill

(Address) 1329 Sycamore ave.

JUL 31 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1926

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to July 30, 1926

that I last saw him alive on July 30, 1926

and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Encephalitis over

Immediate Cause Myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross findings

(Signed) R.S. Anderson, M. D.

7/30, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 8/2. 1926

20 UNDERTAKER Walter Davis

ADDRESS 3307 Pine St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12883

E 12883

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital Ward 20-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Holloway

(a) RESIDENCE NO. 1642 St Joseph ~t St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Holloway

6 DATE OF BIRTH (month, day, and year) Aug 6/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	11	22 23	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Essex Co.Va.

10 NAME OF FATHER George Booker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Martha Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Joseph Holloway

(Address) 1642 St. Joseph St.

15 Filed C. HAMPSON JONES, M. D. Registrar

926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Odema lungs etc. - Ceberal Syphilis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

7/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial July 31 1926

20 UNDERTAKER Wm. R. G. Elliott ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

E 12884 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 65-001 E 12884

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert Sts. ST., 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frederick W. Rouzer

(a) RESIDENCE NO. Hagerstown, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Frederick W. Rouzer.

6 DATE OF BIRTH (month, day, and year) June 21, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Yardmaster 1/3 01

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER W. M. Rouzer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Knepper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hosp. Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 31, 1926, that I last saw him alive on July 31, 1926, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Splenomyelogenous Leukaemia, chronic.

(duration) 6 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood smear + autopsy

(Signed) Lewis Abbott Taylor M. D.

7/31, 1926 (Address) 33rd & Calvert Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown, Md

DATE OF BURIAL Aug 2 1926

UNDERTAKER J. Richard Bond

ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12885 E 12885

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 St. Paul ST., 11-3 WARD)

2-FULL NAME Charles Bethea Rogers

(a) RESIDENCE NO. 1018 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Mrs. C. B. Rogers. (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21st 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	76	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Nathan Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eunice Bethea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston, Mass

Informant Dr. Charles Getz

(Address) 1111 W. Lanvale St.

Filed 1926 HAMPSON JONES, M. D. Registrar

For RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11th, 1925, to July 31st, 1926, that I last saw him alive on July 30th, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart (Aortic Stenosis)

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Charles Getz, M. D.

July 31, 1926 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Aug 2 1926

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12886

CERTIFICATE OF DEATH.

44 E 12886

1-PLACE OF DEATH — Hamilton

CITY OF BALTIMORE: (No. 1 Winthrop ave ST., 27 WARD 11)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. Sydings

(a) RESIDENCE NO. 1 Winthrop ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Thomas Sydings

6 DATE OF BIRTH (month, day, and year) Nov 14-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Thomas Dame

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER ...

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Mrs Allen D Steingaudt

(Address) 1 Winthrop Ave

Filed ... 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to July 30, 1926, that I last saw her alive on July 30th, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of abdomen

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) E. A. Duncan M. D.

July 31, 1926 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury M. E. A. A. Co. Md	8/1/26

20 UNDERTAKER I. A. Arnold. ADDRESS Gen. Rutter Don 2503 Edmondson

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12887

E 12887

CERTIFICATE OF DEATH.

29

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hohman

(a) RESIDENCE NO. 516 N Patterson Pk Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXX

6 DATE OF BIRTH (month, day, and year) July 28/1914

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	12	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER August Hohman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Louisa Rothaupt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Louisa Hohman

(Address) 516 N. Patterson Pk. Ave

Filed 1920

CHAS. J. JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-20

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus -3 days

(Foot punctured by nail, in yard of homw, Accidental) -9days before) ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Potter M. D.

(Coroner)

7/30/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Aug 2 1926 Date of Burial

20 UNDERTAKER Geo E Fuller Sr ADDRESS 2334 Huff

Spec.—1-10-21—M&T—1500 Blks.

12888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12888

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Fremont Ave., ST., 17-1 WARD)

2-FULL NAME Mary L. Wood,

(a) RESIDENCE No. 801 N. Fremont Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Wood

11 BIRTHPLACE OF FATHER (city or town) Penn. (State or country)

12 MAIDEN NAME OF MOTHER Christiana Lukens

13 BIRTHPLACE OF MOTHER (city or town) Penn. (State or country)

Informant Mr. Lukens Wood
(Address) 801 N. Fremont Ave.,

Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

1926 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to July 31, 1926,

that I last saw h[illegible] alive on July 30, 1926,

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stedman F. Hillman, M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends Cemetery	August 2 1926

20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12889

CERTIFICATE OF DEATH.

23 E 12889

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary, 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Richardson

(a) RESIDENCE NO. 1102 Brentwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Richardson

6 DATE OF BIRTH (month, day, and year): March 28. 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ass. Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): P. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

10 NAME OF FATHER: Richardson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Gorsuch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Mary E. Richardson

(Address) 1102 Brentwood Ave

15 Filed July 31 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1926 to July 31, 1926

that I last saw him alive on July 31, 1926

and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death! At Home

Did an operation precede death! No Date of

Was there an autopsy! Yes

What test confirmed diagnosis!

(Signed) Simon H Norwood, M. D.

July 31 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — Date of Burial: Aug 2 1926

20 UNDERTAKER: W. M. Cook — ADDRESS: 507 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12890

CERTIFICATE OF DEATH.

47 . E 12890

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Winchester St., 16-1 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Eliza Stansfield

(a) RESIDENCE No. 2921 Winchester St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Thomas A Stansfield

6 DATE OF BIRTH (month, day, and year): Sept 4 1868

7 AGE — Years: 57 — Months: 10 — Days: 30 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md.

10 NAME OF FATHER: Sylvester Ridgely.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Thomas R Stansfield

(Address) 2921 Winchester Ave

Filed 1926 19 HAMPSON JONES, M. D. Registrar

Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 19 26.

17 I HEREBY CERTIFY, That I attended deceased from July 13, 19 26, to July 31, 19 26, that I last saw h[illegible] alive on July 13, 19 26, and that death occurred, on the date stated above, at 12 PM.

The CAUSE OF DEATH* was as follows:

Cancer of left breast

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary): Cardiac Complications

(duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D. S. Spence, M. D.

July 31, 19 26 (Address) 1707 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mountain View, Howard Co

DATE OF BURIAL: Aug 2 19 26

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 12891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129. E 12891

25-11

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Jacobs.

(a) RESIDENCE NO. Curtis Bay. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 18, 1863.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster shucker.

(b) General nature of indnstry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....

(State or country) Baltimore, Md.

10 NAME OF FATHER John F. Jacobs.

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eugenia Browning.

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Baltimore, Md.

PARENTS

14 Informant Cecelia Schneider. (niece)

(Address) Halethorpe, Md.

Filed AUG - 1926 HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

Uraemia.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto Reinhardt M. D.

(Coroner)

7/31 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Curtis Bay. July 30, 1926.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

Date of Burial 8/1/26

20 UNDERTAKER W. M. Cook

ADDRESS 508 E. Monument

Spec.—12-9-25—A Co.—200 Bks.

Dr McCleary 1609 Linden Ave ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12892

CERTIFICATE OF DEATH.

90 E 12892

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1120 St Paul St., 11-3 Ward)

2-FULL NAME Mary A. Smith

(a) RESIDENCE NO. 1120 St Paul St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A Smith

6 DATE OF BIRTH (month, day, and year) May 23 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A Stone

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto, Md

PARENTS

10 NAME OF FATHER Timothy Looney

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ireland

14 Informant Catherine A Smith

(Address) 1120 St Paul St

15 Filed_____ C. HAMPSON JONES, M. D.

1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to July 30, 1926, that I last saw h__ alive on July 30, 1926 and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) ____yrs. 6 mos. ____ds.

CONTRIBUTORY (Secondary) Acute Cardiac Insuff.

(duration) ____yrs. ____mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Standish McCleary, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial July 2 1926

20 UNDERTAKER Wm Cook ADDRESS 512 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12893

CERTIFICATE OF DEATH.

1/2 E 12893

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Fleig

(a) RESIDENCE NO. 506 S. Patterson Park Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): June 14/1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

10 NAME OF FATHER: Wm. Fleig

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Augusta Hinkel

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Augusta Fleig

(Address): 506 S. Patt. Pk Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192: July 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Indigestion

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Bates, M. D.

(Coroner)

7/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial: Aug 2 1926

20 UNDERTAKER: W. E. Cook — ADDRESS: 500 E Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12894

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 12894

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Yehuda Lobb Kaplan

(a) RESIDENCE NO. 115 Aisquith St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta Freida Kaplan

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 80 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

10 NAME OF FATHER: Pacus Kaplan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: E. Kaplan

(Address): 1901 Washington ave

Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26.

Aug 1 - 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to July 31, 1926,

that I last saw h.. alive on July 31, 1926,

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm J Baylin, M. D.

8/1, 1926 (Address) 210 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Rm Date of Burial Aug 1 19 26

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 Eastern ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12895

CERTIFICATE OF DEATH.

× 90

24-1

E 12895

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Goedeke.

(a) RESIDENCE NO. Severn, A. A. Co. Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 11, 1917.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER William J. Goedeke.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ursula Mackemull.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant William J. Goedeke. (father)

(Address) Severn, A. A. Co. Md.

Filed 1-1926 19 C. HAMPSON JONES, M. D. Registrar

PARENTS

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Ipquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Cellulitis of left forearm.
Cause unknown.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Steinhardt M. D.
(Coroner)

7/31 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Severn, A. A. Co. Md. July 24, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a.a.co. Date of Burial Aug 3 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Lisbon St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12896

CERTIFICATE OF DEATH.

109-002

E 12896

24-1

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital (Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annetta E. Ross.

(a) RESIDENCE NO. 808 William St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 4 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) October 26, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or emptoyer).....

(c) Name of emptoyer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Archie D. Ross.

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Julia V. Randall.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Baltimore, Md.

14 Informant Archie D. Ross. (father)

(Address) 803 William St.

Filed.....19.....

C. HAMPSON JONES, M. D.

Registrar

161 - 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.
Tonsillectomy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

7/31 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross aalond Date of Burial Aug 2 1926

20 UNDERTAKER John F Denny ADDRESS 715 Light St

Spec. 194045 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12897 REGISTERED NO. E 12897

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry McClain

(a) RESIDENCE NO. St Thomas, Pa. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6 DATE OF BIRTH (month, day, and year) September

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa -

10 NAME OF FATHER John McClain

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Dora Galbraith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____ C. HAMPSON JONES, M. D. Registrar

Pat ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21 1926, to Aug. 1st 1926, that I last saw him alive on Aug 1st 1926, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic fever, Acute Rheumatic Endocarditis, Aortic insuff., Mitral insuff. Auricular fibrillation.

(duration) ....yrs. ....mos. 23 ds.

CONTRIBUTORY (Secondary) Chronic rheumatic heart dis.

(duration) ....yrs. 4 mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy findings

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chamberlayn Pa Date of Burial Aug 1 1926

20 UNDERTAKER W M Cook ADDRESS 352 E Pratt

Spec.—1-12-23—M&T—500 Blks.

12898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12898

E 12898 CERTIFICATE OF DEATH. X 124

REGISTERED NO.

1-PLACE OF DEATH Municipality Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 4-1 WARD)

2-FULL NAME Rodger Smith

(a) RESIDENCE NO. White Hall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Colored	Married

6 If married, widowed, or divorced (or) WIFE of Ruth Smith

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer 86

(c) Name of employer J. H. Norris

BIRTHPLACE (city or town) (State or country) Balto. Co.

10 NAME OF FATHER Jas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs Ruth Smith

(Address) White Hall Md

2 - 1926 HA[illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to August 1, 1926.

that I last saw h[illegible] alive on August 1, 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute Hepatitis

Acute nephritis with uremia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Frances A. Ellis, M. D.

, 19 (Address) Univ. of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cem

DATE OF BURIAL Aug 3 1926

20 UNDERTAKER P. Markinton

ADDRESS White Hall Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12899 E 12899

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore Gen. Hospital REGISTERED NO. 140

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland ST.) 16-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Goldie Hann.

(a) RESIDENCE NO. Asbestos. Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Albert Hann

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

Informant Harry Bankard Undertaker Md

Filed 7-26-1926 H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to July 31, 1926, that I last saw her alive on July 31, 1926, and that death occurred, on the date stated above, at 11:55 A m.

The CAUSE OF DEATH* was as follows:

Subacute Bilateral Salpingitis (Gonococcal)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 3 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July-16.-1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) R. Farber, M. D.

July 31 1926 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arikaburg — DATE OF BURIAL 8/3 1926

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12900

CERTIFICATE OF DEATH.

194 E 12900

REGISTERED NO.

1-PLACE OF DEATH Md. Gen. Hosp.

City of BALTIMORE: (No. ~~Hosp~~ St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen G. Boland

(a) RESIDENCE NO. Dillon & Patapsco Sts. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian Boland

6 DATE OF BIRTH (month, day, and year) April 24, 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer S40

(b) General nature of industry, business, or establishment in which employed (or employer) Steel

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) Penna

(State or country)

10 NAME OF FATHER John Boland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sally Krez

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

PARENTS

14 Informant Lillian Boland

(Address) Dillon & Patapsco Sts

Filed 12-1926 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) D. J. Hennessy M. D. (Coroner)

1926 (Address) 502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. Date of Burial Aug 2nd 1926

20 UNDERTAKER Lilly & Ed Zeiler ADDRESS 403 S. Wolfe St

Spec.—1[illegible] Co.—200 Bks.

3476

12901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 12901

REGISTERED NO._____

1-PLACE OF DEATH Johns Hopkins Hospital

City of BALTIMORE: (No. _____ St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Graff

(a) RESIDENCE NO. 1110 S. Lakewood St. Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 20, 1926

7 AGE: Years — Months: 4 — Days: 10 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)

(State or country) [illegible]

12 MAIDEN NAME OF MOTHER Edna Graff

13 BIRTHPLACE OF MOTHER (city or town) [illegible]

(State or country) Md.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 3 1926, to July 30th 1926, that I last saw h[illegible] alive on July 30th 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute secondary (Post partum)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? .....Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis? White blood count

(Signed) Thos. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt. Carmel Cem. Aug 2nd 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeih 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12902

1118-002

CERTIFICATE OF DEATH.

E 12902

REGISTERED NO.

1-PLACE OF DEATH South Balt Gen Hosp. 26-6

City of BALTIMORE: (No. 1213 Light St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Kimmerle

(a) RESIDENCE NO. 3723 Fait Aves. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Kimmerle.

6 DATE OF BIRTH (month, day, and year): Feb. 15-1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
59	60	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Track foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Penn. R.R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Lawrence Kimmerle

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Barbara Kimmerle

(Address): 3723 Fait Ave.

15 Filed 12-1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29th, 19 26, to July 29, 19 26, that I last saw h~~im~~ alive on July 29, 19 26, and that death occurred, on the date stated above, at 4 40 p m.

The CAUSE OF DEATH* was as follows:

Intest. Obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? yes Date of July 29/26

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Alfred A. Amdrosh, M. D.

19 (Address) 2221 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial: Aug. 7 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12903

CERTIFICATE OF DEATH.

REGISTERED, No. 12903

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH bet Mc Elderry's Hammert.

City of BALTIMORE: (No. Dimlings Court. St., 7-3 Ward)

2-FULL NAME Caspar Stein

(a) RESIDENCE NO. Dimlings Court. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Stein

6 DATE OF BIRTH (month, day, and year) Mch 29-1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Madeline Doran

(Address) 7507 Fair ave

Filed 8-2-1926 C. HAMPSON JONES, M. D. Registrar

Per KM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-1926.

17 I HEREBY CERTIFY, That I attended deceased from 7-27-26 to July 29-26, 19..., that I last saw h... alive on July 29-26, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH was as follows:

Uremia Regurgitation

(duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Singleton M.D.

19 (Address) 6 N Paca St

7/31/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Aug. 2nd 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12904

CERTIFICATE OF DEATH.

129 E 12904

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E 22nd St ST., 12-4 WARD)

2-FULL NAME Eliza Jane Whitehead

(a) RESIDENCE NO. 404 E 22nd St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Holbrook Whitehead

6 DATE OF BIRTH (month, day, and year) 10-22-1845

7 AGE	Years	Months	Days	If LESS than 1 day ~~hrs.~~ or ~~min.~~
	80	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Housework

9 BIRTHPLACE (city or town) (State or country) Gettysburg Pa

10 NAME OF FATHER Andrew Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

14 Informant H. W. Whitehead Jr

(Address) 404 E 22nd St

Filed ..... 19 .....

HAMPSON JONES, M. D.

Registrar

2-1526

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to July 30, 1926, that I last saw h. alive on July 29, 1926, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular

over

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremic coma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical E

(Signed) ..... M. D.

, 19 (Address) 836 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 8/1/26 19

20 UNDERTAKER J. Walter Jenkins

ADDRESS 1633 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

12905 HEALTH DEPARTMENT—CITY OF BALTIMORE 12905

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH St Joseph's Hospital REGISTERED NO. 27-14

CITY OF BALTIMORE: (No.) Raymond Road ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. #1 N. Spring ave, Roslyn Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Born yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 4 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pupil

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George J Karl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary K. Schlee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant George J Karl

(Address) 1411 Spring ave

Filed Aug 3 1926 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21st, 1926, to July 31st, 1926.

that I last saw him alive on July 31st, 1926,

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy & Effusion, Left.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings—

(Signed) B. M. Rawles, M. D.

(Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 3 1926

20 UNDERTAKER Mendell Roffelsdon — ADDRESS 878 N

Spec.—1-10-21—M&T 1500 Bks.

E 12906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12906

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] St., 24-1 WARD)

2-FULL NAME William Reith

(a) RESIDENCE NO. 1127 Riverside Ave St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875 May 5

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Peter Reith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant City Hospital Records
(Address)

Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 31, 1926, that I last saw him alive on July 30, 1926, and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

Infiltrating Glioma Cortex

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general laboratory

(Signed) R. Hoopes Smith M. D.

July 31 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Co.

DATE OF BURIAL 8-3 1926

20 UNDERTAKER E & B Hasle

ADDRESS 115 E. Lexington St.

Cor.—12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12907 — 129 — E 12907

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1618 Pressbury St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hooper

(a) RESIDENCE NO. 1618 Pressbury St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hooper

6 DATE OF BIRTH (month, day, and year): about 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER: Benj. Hooper

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant: Ella Spencer

(Address) 1618 Pressbury St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Aug 2 1926

20 UNDERTAKER: David Easton ADDRESS: 711 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

E 12908 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12908

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Amity St. 18-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Poritz

(a) RESIDENCE No. 106 S. Amity St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER James Poritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ellen Devine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Elenor Devine

(Address) 1065 S. Amity St.

Filed ..... 19 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31. 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 30. 1926. to July 31. 1926.

that I last saw her alive on July 31 1926.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Hrt - Collapse

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) J. Chas Barton, M. D.

8/1/26 (Address) 888 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL Aug 2 1926

UNDERTAKER John J. Fields

ADDRESS 1200 W Fayette

Spec.—12-25—A Co.—200 Bks. 3643

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 12909

CERTIFICATE OF DEATH.

44 E 12909

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Landefeld

(a) RESIDENCE NO. 832 N. Howard ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Landefeld Married

6 DATE OF BIRTH (month, day, and year) Feb. 6. 1865

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
61	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter.

(b) General nature of industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Maryland

10 NAME OF FATHER John Landefeld

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Veltz

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Maryland

PARENTS

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 8-2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 July 30

17 I HEREBY CERTIFY, That I attended deceased from July 9- 1926, to July 30- 1926, that I last saw h... alive on July 30 1926, and that death occurred, on the date stated above, at 6.35 P- m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) yrs. 7 mos. 6 ds.

CONTRIBUTORY (Secondary) Post operative shock

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? yes Date of 7-30-26

Was there an autopsy? yes.

What test confirmed diagnosis? operation

(Signed) Warfield Ferguson, M. D.

7/31 19 (Address) 1116

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	Aug 2 1926
20 UNDERTAKER Henry Sauble & Sons Inc.	ADDRESS 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

19 35-32 12910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 113 E 12910

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Starkey

(a) RESIDENCE NO. Lumpsin 3rd St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		2 mos.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER James Starkey

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mattie Eggett

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

PARENTS

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JUL 6 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1926

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to July 26, 1926, that I last saw her alive on July 26, 1926, and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Prematurely

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Enteritis colitis (not dysentery)

(duration) ....yrs. ....mos. 14 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Hill Hosp. Date of Burial 19

20 UNDERTAKER Green Hill Hosp. ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12911

CERTIFICATE OF DEATH.

27-9 129

REGISTERED NO. E 12911

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 505 Arlington Ave. (St.) Howard (Ward)

2-FULL NAME Clara Harryman Poole

(a) RESIDENCE NO. 505 Arlington Ave. St. Howard Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 15 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ralph A Poole

6 DATE OF BIRTH (month, day, and year): Aug 28, 1848

7 AGE — Years: 77 | Months: 11 | Days: 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: David Harryman

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country):

12 MAIDEN NAME OF MOTHER: Alice Stratton

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country):

PARENTS

14 Informant: Miss Alice May Poole

(Address): 505 Arlington Ave

Filed ... 1926 Per ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1924, to July 31, 1926, that I last saw h.... alive on July 31, 1926, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Ch. Int. Nephritis

Ch. Myocarditis

(duration) 2 + yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Cerebral Hemmhage

(duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis? General findings

(Signed) [illegible], M. D.

2, 1926 (Address) 201 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Aug 3 1926

UNDERTAKER: Wm J Fechter Sons ADDRESS: Norfolk Va

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12912

CERTIFICATE OF DEATH.

3 1

E 12912

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 W. Henrietta St. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W?Jefferson.(C)

(a) RESIDENCE NO. 217 W. Henrietta St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 29, 1917.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER James Jefferson.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Matilda Buck.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co. Md.

14 Informant Matilda Jefferson.(C) mother.

(Address) 217 W. Henrietta St.

Filed AUG 2 1926, 19 C. HAMPSON JONES, M. D.

Per ---- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

8/2, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct. Date of Burial Aug 2 1926

20 UNDERTAKER W. L. Brown's 1st Son ADDRESS 108 W. Monroe St

Cor.—12-9-25—A Co.—200 Bks.

E 12913 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 12913

CERTIFICATE OF DEATH.

185

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 25-7

2-FULL NAME Angelo G. George.

(a) RESIDENCE NO. 18 N. 1st1 St. Brooklyn. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 18, 1918.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	7.	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimofe, Md.

PARENTS

10 NAME OF FATHER Thomas George.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Greece.

12 MAIDEN NAME OF MOTHER Despin Mentis.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Greece.

14 Informant Thomas George. (father)

(Address) 18 N. 1st. St. Brooklyn.

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

62 - 1926 Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Accidental fall from a tree.

Meningitis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm M Reinhardt M. D. (Coroner)

8/2, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 18 N. 1st. St. July 16, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Aug 5 1926

20 UNDERTAKER Margaret G. Flynn ADDRESS 1417 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 12914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 12914

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2203 Hennemaw ave ST., 8-4 WARD)

2-FULL NAME Louisa A. Uhl

(a) RESIDENCE NO. 2203 Hennemaw Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. — mos. 11 ds. How long in U. S., if of foreign birth? 69 yrs. — mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of M. Louis Uhl

6 DATE OF BIRTH (month, day, and year) July 20 1857

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
	69	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Peter Schultheis

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Sachs

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Mr. Louis Uhl.

(Address) 2203 Hennemaw Ave

Filed 1926 19 Per ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1926, to July 31, 1926, that I last saw her alive on July 31, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Walter R. White M. D.

7/31, 1926 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug. 3rd 1926
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	[illegible] E Eager St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12915

CERTIFICATE OF DEATH.

129 E 12915

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 27-6 WARD)

2-FULL NAME Mr John Healey Brown

(a) RESIDENCE NO. 201 Ridgewood Road ST., WARD

(Usual place of abode) City

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

6a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Lucy P. Brown

DATE OF BIRTH (month, day, and year) Oct 6th 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Hardware

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 045

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Margaret L Callen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Lucy P. Brown

(Address) 201 Ridgewood Road R.P.

Filed 8-2 - 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to Aug. 1, 1926.

that I last saw him alive on Aug. 1, 1926,

and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Septicemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of July 21, 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: 8/3 26

20 UNDERTAKER: Henry H Jenkins & Son Co

ADDRESS: Orchard & Collins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 24 102

E 12916

CERTIFICATE OF DEATH.

31

E 12916

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2512 W. Pratt St. (Ward) 20th-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Frances Mc Kay

(a) RESIDENCE NO. 2512 W. Pratt St. Ward 20th

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 4 mos. 21 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lonnie L. Mc Kay

6 DATE OF BIRTH (month, day, and year): March 9th 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): =

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: John Lotz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Stengler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Henry Lotz

(Address) 252 W. Pratt St

15 Filed 1926 By G. HAMPTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr-18, 1926, to July 30, 1926, that I last saw her alive on July 30, 1926, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marion W Shook, M. D.

(Address) July 30-26, 8064 Fullerton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial July 31 1926

UNDERTAKER: H. B. Kupfrian

ADDRESS: 1850 N. Bacon St

Spec.—12-9-25—A Co.—200 Bks.

Sander Weisblatt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12917

CERTIFICATE OF DEATH.

90 E 12917

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1018 E Lexington St., 18 Ward)

2-FULL NAME Sander Weisblatt

(a) RESIDENCE NO. 1018 E Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah Weisblatt

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 62 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rag Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Jack Levi's

(Address): 1439 E Baltimore St

Filed ..... C. HAMPSON JONES, M. D. Registrar

AUG 2 - 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Aug 2, 1926, that I last saw him alive on Aug 2, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W J Bayless, M. D.

8/2, 1926 (Address) 210 Hoppkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — Date of Burial: Aug 2 1926

UNDERTAKER: Jack Levi's — ADDRESS: 1439 E Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12918

E 12918

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 N Pine ST.; 6 WARD.

REGISTERED NO. 6-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Jenkins

(a) RESIDENCE. (Usual place of abode) No. 214 N Pine ST., 6 WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-31-26

7 AGE: Years ... Months ... Days ... If LESS than 1 day, hrs. 2 or min.

lived 2 hours.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Jos Jenkins

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Mary Lindsay

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Jos Jenkins

(Address) 214 N Pine St

Filed ... 1926 ... 19 ... By THOMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-31, 19 26 to 7-31, 19 26, that I last saw h[illegible] alive on 7-31, 19 26 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cong. Premature Birth due to Uterine Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thompson Jones M. D.

[illegible] 7-31-26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL ... 19

20 UNDERTAKER ... ADDRESS ...

Spec.—1-10-21—M&T—1500 Bks.

E 12919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7H-001

E 12919

REGISTERED NO. 16-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1669 W. North Ave ST. 16 WARD

2-FULL NAME Maurice L. Knight

(a) RESIDENCE NO. 669 W. North Ave ST., 16 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Knight

6 DATE OF BIRTH (month, day, and year) Feb 16 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cut Stone

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Lewis H Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margetta LeRoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs Mary Knight

(Address) 669 W North Ave

1926 C. LEMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30 1926

17 I HEREBY CERTIFY That I attended deceased from July 27 1926 to July 30 1926 that I last saw him alive on July 30 1926, and that death occurred, on the date stated above at 9.35P m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H Morrison M. D.

7/31, 1926 (Address) 1632 Rolandon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Aug 3 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Cor.—12-9-25—A Co.—200 Bks.

E 12920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 12920

199

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1809 Maryland Ave. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Pinkney.(C)

(a) RESIDENCE NO. 1809 Maryland Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Married.

5a If married, ~~XXXXXXXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of Randolph Pinkney.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of indnstry, business, or establishmeat in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Charlotte N.C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Randolph Pinkney.(C) husband.

(Address) 1809 Maryland Ave.

15 [illegible] C. HAMPSON JONES, M. D.

1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia.

By manual strangulation

Homicide.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) H. Reinhardt M. D.

(Coroner)

7/28 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs., ...mos., ...ds. In the State....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial AUG 2 - 1926

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12921

CERTIFICATE OF DEATH.

X 91-002 E 12921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 11 W. Barre St. St.) 22-2 Ward)

2-FULL NAME William Jones. (C)

(a) RESIDENCE NO. Keneth, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Keneth, Md

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Maria James. (C)

(Address) 11 W. Barre St.

15 1926 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Reinhardt M. D. (Coroner)

7/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Keneth, Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND AUG 2

Spec.—1-10 21 M&T 1500 Bks.

E 12922 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12922

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 26-7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lana Carroll

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS ST., WARD

(Usual place of abode) [redacted] 9

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

4 Informant City Hospital Records
(Address)

Filed [illegible] 19 C. KEMPSON JONES, M. D.
By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to July 29, 1926, that I last saw h[illegible] alive on July 27, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hoopingarner, M. D.

July 31 1926 (Address) [illegible] CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

[illegible] STATE OF MARYLAND [illegible] AUG 2

Spec.—1-10-21—M&T—1500 Bks.

E 12923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12923

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Smith

(a) RESIDENCE NO. 516 Pearl St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 C. HAMPSON JONES, M. D. Registrar

1926 Per 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1926. to July 30, 1926.

that I last saw him alive on July 30, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver & Mamilla with Metastases

(duration) yrs. 7 mos da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 5 mos da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of July 30, 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Lynch, M. D.

19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
AUG 6

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12924

CERTIFICATE OF DEATH. 74-001

E 12924

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3471 Foster Ave. St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Groskopf.

(a) RESIDENCE NO. 3471 Foster Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Groskopf.

6 DATE OF BIRTH (month, day, and year) Jan. 3-1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER George Groskopf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Hoehler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Barbara Groskopf

(Address) 3471 Foster Ave

15 1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31-1926

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1926, to July 31, 1926, that I last saw him alive on July 31, 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 10 hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ted Leib Geib Co., M. D.

, 19 (Address) 806 E. 32nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Holy Redeemer Cem. Date of Burial: Aug 3 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12925 E 12925

CERTIFICATE OF DEATH.

119

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 E. 31st ST. 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine W. Weaver

(a) RESIDENCE NO. 311 E. 31st ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct. 29-1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. H. Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Yoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: H. B. Weaver

(Address): 1714 E. Eager St.

15 Filed: 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1926

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to Aug 1, 1926, that I last saw her alive on Aug 1, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Fecal Impaction & Infirmities

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fecal Impaction ? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. B. Cannon, M. D.

8-2, 1926 (Address) 1707 N Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug 3 1926

20 UNDERTAKER: Zirkler & Zirkler

ADDRESS: 1739 E. Eager st

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12926 E 12926

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Wilkens Avenue ST., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Josephus Stier

(a) RESIDENCE No. 1809 Wilkens Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emmma O. Stier

6 DATE OF BIRTH (month, day, and year) Mar. 30th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Josephus Stier

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Stinchcomb

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant A. C. Stewart

(Address) 1809 Wilkens Avenue

15 1926 C. HAMPSON JONES, M. D.

Per ARM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 31st 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 5 1926. to July 31 1926.

that I last saw him alive on July 31 1926,

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Epithelioma of the face (duration) over 7 yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Harry E Ohler, M. D.

8/1 1926 (Address) 1203 West Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery. DATE OF BURIAL Aug 3 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 12927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002

E 12927

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 21-2 WARD)

2-FULL NAME Paul Harris -

(a) RESIDENCE NO. 1110 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Paul Harris -

11 BIRTHPLACE OF FATHER (city or town) Balt. Md (State or country)

12 MAIDEN NAME OF MOTHER Margaret Berger

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md. (State or country)

14 Informant Paul Harris (father)

(Address) 1110 Carroll St. Balt. Md.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to Aug 2, 1926, that I last saw him alive on Aug 2, 1926, and that death occurred, on the date stated above, at 12:25 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bacillary dysentery.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? I don't know.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory culture

(Signed) J. O. Price, M. D.

(Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Aug. 4 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto

Spec.—1-10-21—M&T—1500 Bks.

E 12928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12928

CERTIFICATE OF DEATH.

117

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 2005 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Cassie Whitmore.

German aged Woman's Home

(a) RESIDENCE NO. ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry H. Whitemore

6 DATE OF BIRTH (month, day, and year): Nov. 16" 1847

7 AGE: Years 78 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alexandria, Va.

PARENTS

10 NAME OF FATHER: John C. Geigler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Lookingland.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records German Aged Home

(Address) Balto. and Payson Sts.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

1926 Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 1926

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to July 31, 1926,

that I last saw her alive on July 31, 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

Appendicial Abscess

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 7/24/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Bloom, M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery.

DATE OF BURIAL: Aug 3" 1926

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 N. Bals

Spec—12-23-21—E.B.R.S.—400 Bks.

E 12929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12929

CERTIFICATE OF DEATH.

162

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Johnson

(a) Residence No. Glen Burnie, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7/31/1926

7-AGE, yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Glen Burnie, Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Severn Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Evelyn Warfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Father

(Address) Glen Burnie Md.

15- C. HAMPSON JONES, M. D. Registrar.

1926 Per CRP

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/1/26

17- I HEREBY CERTIFY, That I attended deceased from 7/31, 1926, to 8/1, 1926, that I last saw h[illegible] alive on 8/1, 1926, and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Ectopia viscera

(Duration) yrs. mos. 1½ ds.

18-Where was disease contracted if not at place of death? Glen Burnie, Md.

Did an operation precede death? Yes Date of Replace Viscera 7/31/26

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Stonecomb Home Cemetery and Crematory

DATE OF BURIAL, Aug 3, 1926

20-UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12930

E 12930

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-2 Ward)

2-FULL NAME James Burns. (Byrnes)

(a) RESIDENCE NO. Preston Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a ~~If married~~, widowed, ~~or divorced~~

HUSBAND of (or) ~~WIFE of~~ Mary Grogan.

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Ireland.

PARENTS

10 NAME OF FATHER Michael Burns

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Sister Florence

(Address) Little Sisters

1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 1 26

17

I HEREBY CERTIFY, That I attended deceased from No record 19____, to _____, 19____,

that I last saw ~~him~~ alive on _____, 19____,

and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Warner, M. D.

Aug 4, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patricks — Date of Burial: Aug 3 1926

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Glenmore Ave

Spec.—12-9-25—A Co.—200 Bks.

(HORN)

HEALTH DEPARTMENT—CITY OF BALTIMORE

12931

CERTIFICATE OF DEATH.

129 E 12931

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4321 Garrison Ave St., 15 Ward)

2-FULL NAME Margaret E. Horn.

(a) RESIDENCE NO. 4321 Garrison St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 7/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. L. Horn.

6 DATE OF BIRTH (month, day, and year) Aug. 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Louis Bloch.

11 BIRTHPLACE OF FATHER (city or town) Balt.

(State or country)

12 MAIDEN NAME OF MOTHER Augusta K. Gutb.

13 BIRTHPLACE OF MOTHER (city or town) Balt

(State or country)

14 Informant Mrs. Smiley

(Address) 2938 E. Balt.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from July 30 19 26, to July 31, 19 26, that I last saw h alive on July 31, 1926, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Duodenal Ulcer

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Mrs. Smiley, M. D.

19 (Address) 2938 E. Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial 8/3/ 1926

20 UNDERTAKER J. A. Moran ADDRESS 3000 E. Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12932

E 12932

CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp (St.) 2-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Gorsuch

(a) RESIDENCE NO. Talbot Co. Md (St.) (Ward)
(Usual place of abode) 25 E. Broadway
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Geo. Gorsuch

6 DATE OF BIRTH (month, day, and year) Oct 3 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Smith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Smythy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Geo. Gorsuch
(Address) 25 E Broadway

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31. 1926

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1926 to July 31, 1926 that I last saw him alive on July 31, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
with Metastasis

Duration yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of Not at Balto City Hosp

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Mayfield M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL aug 3d 1926

20 UNDERTAKER J. J. Moran ADDRESS 300 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12933 E 12933

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH Colonial Hosp. REGISTERED NO. 15-12

CITY OF BALTIMORE: (No. 1122 N. Mount ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Jarrett

(a) RESIDENCE NO. 1633 Friendsbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6 DATE OF BIRTH (month, day, and year) Nov 22, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	yrs.	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Earl Jarrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Florence Bernecke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Earl Jarrett (Address) 1633 Friendsbury

15 1926 C. HAMPSON JONES, M. D. Registrar

Per R.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1- 1926

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to Aug 1, 1926, that I last saw her alive on Aug 1, 1926, and that death occurred, on the date stated above, at 8:05 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

Miliary TB

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Spinal Fluid

(Signed) J. J. Moore, M. D.

. 19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet | DATE OF BURIAL Aug 3 1926

20 UNDERTAKER Wm Cook | ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12934

CERTIFICATE OF DEATH.

40 E 12934

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 221 S. Chester ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janina Tomalski

(a) RESIDENCE NO. 221 S. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13		18 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Tomas Tomalski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Magdalen Twardzik

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs Magdalen Twardzik (Address) 221 S Chester

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per A.P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1 1926

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to July 31, 1926,

that I last saw h alive on July 31, 1926

and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) L. Vinski M. D.

8. 1. 1926 (Address) 2042 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Aug 3rd 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 12935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12935

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 16-5 WARD)

2-FULL NAME Mrs. Olga Hearle

(a) RESIDENCE NO. 2302 Calverton Hts. Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen J. Hearle

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER George Heincken

11 BIRTHPLACE OF FATHER (city or town) St Louis, Mo. (State or country)

12 MAIDEN NAME OF MOTHER Olga C. Tiperman

13 BIRTHPLACE OF MOTHER (city or town) Germany. (State or country)

14 Informant Mrs. Olga Hearle (patient) (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926, to Aug. 1, 1926, that I last saw her alive on Aug. 1, 1926, and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) ..... yrs. ..... mos. (?) ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of July 27, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Aug 4 1926
UNDERTAKER	ADDRESS
John O. Mitchell	1761 N Mayfield

Spec.—12-26—A Co.—200 Blks.

1926 E 12936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 118-002

E 12936

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Johns Hopkins Hospital

City of BALTIMORE: (No. _____ St., 1-1 Ward)

2-FULL NAME Ernestine Feldauer

(a) RESIDENCE NO. Stemmer's Run St. Inst. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. 1 mos. ___ ds. How long in U. S., if of foreign birth? 30 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rudolph

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 42 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant Records

(Address) Johns Hopkins Hospital

1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug 1st

17 I HEREBY CERTIFY, That I attended deceased from July 10th, 1926 to Aug. 1st, 1926, that I last saw h.. alive on Aug 1st, 1926 and that death occurred, on the date stated above, at 10 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction with Peritonitis (Localized Foci)

(duration) ___ yrs. ___ mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of July 12, 1926.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Chas. P. M. Sheffey, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: Aug 3 1926

20 UNDERTAKER: John G. Connelly — ADDRESS: Essex

12937

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46 E 12937

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 610 N Arlington St. 16-6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Henrietta F. Boulden.

(Residence in Baltimore: No. 910 N. arlington ave St.; yrs. ..... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ~~widowed~~ single Married Aug 4 1926

6 DATE OF BIRTH: June 2 — (Month) (Day), 1876 (Year)

7 AGE: 50 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: nurse.
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic.

9 BIRTHPLACE (State or country): Somerset Co md.

PARENTS

10 NAME OF FATHER: Gilbert E. Boulden

11 BIRTHPLACE OF FATHER (State or country): md.

12 MAIDEN NAME OF MOTHER: Mary F. Dixon

13 BIRTHPLACE OF MOTHER (State or country): md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Collins.

(Address) 910 N. arlingtonave

15. Filed AUG 3 1926 C. HAMPSON JONES, M. D. Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 1, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1926 to. Aug 1 1926. that I saw h.. alive on Aug 1, 1926. and that death occurred, on the date stated above, at 10,15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wilbur F. Carb M. D.

....., 191.... (Address) 210 Guyon Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Former or usual residence New York.

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery. DATE OF BURIAL: Aug 3 1926

20 UNDERTAKER: Thomas E Kelson ADDRESS: 1303 Pennsylvania Ave

21 Instructions on back of certificate. Exact statement of OCCUPATION

Cor.—12-9-25—A Co.—200 Bks.

12938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12938

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 1424 Nicholson St. St. 24-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix E. Janowski.

(a) RESIDENCE NO. 1424 Nicholson St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) March 7, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	--	4	24 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Felix Janowski.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Helen Furman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Helen Janowski. (mother)

(Address) 1424 Nicholson St.

15 Filed AUG 3 - 1926. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 1, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea.
Mitral Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/2 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Aug 3 1926

20 UNDERTAKER F. W. Ozarowski ADDRESS 1930 Eastern

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12939

CERTIFICATE OF DEATH.

113 E 12939

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 S. Durham St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jadwiga Kopicki

(a) RESIDENCE NO. 111 S. Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 22 - 25.

7 AGE — Years: — Months: 8 Days: 9. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Paul Kopicki

11 BIRTHPLACE OF FATHER (city or town): Poland.

(State or country)

12 MAIDEN NAME OF MOTHER: M. Koczinski

13 BIRTHPLACE OF MOTHER (city or town): Pa

(State or country)

14 Informant: M. Kopicki

(Address) 111 S. Durham St.

Filed 1926 C. HAMILTON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 — 1 — 26

17 I HEREBY CERTIFY, That I attended deceased from 7-30, 1926, to 8-1, 1926, that I last saw h... alive on 8-1, 1926, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows: Acute Bronchitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

(Address) 1200 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial aug 3 1926

20 UNDERTAKER: F W Cazeuski ADDRESS 1930 Eastern Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12940 E 12940

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. ST., 26-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion G. Harold

(a) RESIDENCE No 3403 E. Pratt St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Herold

6 DATE OF BIRTH (month, day, and year) Aug 16 1875

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	11	14	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER John M Jones

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary J Painter

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

Informant John Herold
(Address) 3404 E Pratt St

Filed ....., 192.. C. HAMPSON JONES M. D. Registrar

3-1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)

8/1/26 192 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	8/3 1926
20 UNDERTAKER George J Ruth	ADDRESS 1736 Hanford ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12941

E 12941

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1627 N. Wolfe St., 8-2 Ward)

2-FULL NAME William J. Allen.

(a) RESIDENCE NO. 1627 N. Wolfe st. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced (or) HUSBAND of / WIFE of: Catherine Allen.

6 DATE OF BIRTH (month, day, and year): Aug 23 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Corn

(b) General nature of industry, business, or establishment in which employed (or employer): Maker of

(c) Name of employer: Gunther Co

9 BIRTHPLACE (city or town): .....

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: George W. Allen

11 BIRTHPLACE OF FATHER (city or town): .....

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma R Wunder

13 BIRTHPLACE OF MOTHER (city or town): .....

(State or country): Baltimore

14 Informant: Catherine Allen

(Address): 1627 N. Wolfe st.

15 Filed ..... 19 ..... THOMPSON-JONES CO.

23 1926 Per ..... - Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to July 30, 1926, that I last saw him alive on July 30, 1926, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary): tuberculosis.

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? .....Date of.....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jas L. Valentine M.D., M. D.

July 31 19 26 (Address) 14 So Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery Date of Burial 8/3/1926

20 UNDERTAKER: George J. Rust ADDRESS: 1735 Harford ave

Spec.—1-10-21—M&T—1500 Blks.

E 12942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 12942

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 4-1 (WARD)

2-FULL NAME Ellen Green

(a) RESIDENCE No. 702 Rayborg St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) [illegible] 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joe Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hales ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant James Cheslyn

(Address) 702 Rayborg St

15 Filed [illegible] 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926 to July 31, 1926.

that I last saw her alive on July 31, 1926.

and that death occurred, on the date stated above, at 5-10 p m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene of Right Foot (Duration 2 weeks) - Atherosclerosis & Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) M. Lazarek, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL July 3 1926

20 UNDERTAKER John H. Jordan — ADDRESS [illegible] Park Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12943

CERTIFICATE OF DEATH.

161-001 E 12943

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St., 6-3 Ward)

2-FULL NAME Alice Hurley

(a) RESIDENCE NO. 214 Montford Ave. St. City Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md —

(State or country)

PARENTS

10 NAME OF FATHER Marshall Hurley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mamie Gant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Friends

(Address) Johns Hopkins Hospital

Filed 3-1926, 19____

C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

July 30

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to July 30, 1926, that I last saw h__ alive on July 30, 1926, and that death occurred, on the date stated above, at 6 0 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Johns Hopkins Hospital 19

20 UNDERTAKER ADDRESS

Johns Hopkins Hospital

Spec—12-23-21—E.B.R.S.—400 Eks.

E 12944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 12944

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 421 South Paca St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenora M. Bubnis

(a) Residence No. 421 South Paca St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Leagth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 15, 1925

7-AGE. 1 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, G. Bubnis

11-BIRTHPLACE OF FATHER (city or town) Lithvania (State or Country),

12-MAIDEN NAME OF MOTHER, Victorie Salhena

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or Country),

14- (Informant) Geo. Bubnis

(Address) 421 S. Paca Street

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 2. 1926

17- I HEREBY CERTIFY, That I attended deceased from 24 July, 19 26, to 30 July, 19 26, that I last saw h[illegible] alive on 31 July, 19 26, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Wm. Schmitz M. D.

19 (Address) 601 S. Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	aug. 3 1926
20-UNDERTAKER.	ADDRESS
John Geblinuckas	423 S. Paca St.

8 - 1926 KH

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12945

CERTIFICATE OF DEATH.

155 E 12945

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanielaus (James) Maciolek

(a) RESIDENCE NO. 815 S. Belnord ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6y yrs. — mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Sept 9/1918

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	10	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of Indusiry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Maciolek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Rusin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Father

(Address)

Filed AUG 3 - 1926 HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 August 1/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- Osteomyelitis rt humerus

(Died on operating table)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bailey M. D.

(Coroner)

Aug 2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem Date of Burial Aug 4 1926

20 UNDERTAKER Stephen J Gralkowski ADDRESS 1500 Hanover Av

Spec.—1-10-21—M&T—1500 Blks.

E 12946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12946

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital of Balto. WARD 15-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Adler

(a) RESIDENCE NO. Monument 213 N. High ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willard Adler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Simon Buckner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Simon Buckner (Address) 213 N. High St.

15 Filed Aug 3 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1926

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to Aug 2, 1926,

that I last saw h[illegible] alive on Aug 2, 1926,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Papillary Carcinoma of Ovary with Metastases.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 6/15/26

Was there an autopsy?

What test confirmed diagnosis? Laparotomy

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	Aug 3 19 26
20 UNDERTAKER	ADDRESS
Jack Lewis	1409 E. Balt. St.

Spec.—1-10-21—M&T—1500 Bks.

E 12947 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12947

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 S. Paca ST., 22 WARD

2-FULL NAME Charles Bitul

(a) RESIDENCE NO. 629 S. Paca ST., 22 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Marie Bitul

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Swindells Glass foundry 086
(b) General nature of industry, business, or establishment in which employed (or employer) Pot maker
(c) Name of employer Swindells Glass Foundry

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Joe Bitul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Cicilia Bukulaviute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Marie Bitul
(Address) 629 S Paca St.

15 Filed JUG 3 1926 HAMPSON JONES, M. D.
Per R.R. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 August 1926

17 I HEREBY CERTIFY, That I attended deceased from 1 August, 1926, to 2 August, 1926, that I last saw him alive on 2 August, 1926, and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:
Hepatitis acuta

(over)

(duration) yrs. mos ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Wyeth, M. D.
19 (Address) 630 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 8/4 1926

20 UNDERTAKER Charles B. Kuchenbrandt

ADDRESS 631 S Paca

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12948

CERTIFICATE OF DEATH.

188-003 E 12948

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. B. General Hospital (Street) 15-12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Jacobs.

(a) RESIDENCE NO 2001 Westwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Jacobs

6 DATE OF BIRTH (month, day, and year) Centenarian

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant A. Jacobs
(Address) 2001 Westwood Ave

Filed 8-3 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

1/2 hr (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) yrs mos. ds.

(Signed) J. T. Hennessy M.D. (Coroner.)

8/3/26, 192 (Address) 1802 Edmonson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Rosedale — DATE OF BURIAL 8-3-1926

20 UNDERTAKER Jack Lewis — ADDRESS 439 E. Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12949

CERTIFICATE OF DEATH.

47

REGISTERED No. E 12949

1-PLACE OF DEATH

City of BALTIMORE: (No. 1700 N. Broadway St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Speer

(a) RESIDENCE NO. 1701 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Herbert Speer.

6 DATE OF BIRTH (month, day, and year) Nov. 8-1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Kamm Jr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Zimmer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Jno. H. Kamm

(Address) 1608 Hartford Road.

Filed G3 - 1926 C. EMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July-31 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to July 31, 1926,

that I last saw h... alive on July 31, 1926,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno H Kamm, M. D.

, 19 (Address) 1838 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltimore Cemetery Aug 3 26

20 UNDERTAKER ADDRESS

Henry A. Wintzke 524 W. Lombard St

Spec.—1-10-21—M&T—1500 Bks.

E 12950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12950

CERTIFICATE OF DEATH.

111-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mo Gen Hosp WARD 11-2

2-FULL NAME Geo W Dorsey

(a) RESIDENCE (No.) Easton Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Annie E Dorsey

6 DATE OF BIRTH (month, day, and year) Sept 10, 1854

7 AGE Years 71 Months 10 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Judge Orphans Court Talbot Co

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del.

PARENTS

10 NAME OF FATHER Geo W Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Mary Eliz Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Geo W Dorsey Jr (Address) Easton Md

15 Filed AUG 3 - 1926 C. HAMPSON JONES, M. D. Registrar for RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-26

17 I HEREBY CERTIFY, That I attended deceased from 8-2-26 19 to 8-2-26 19

that I last saw h alive on 8-2-26 19

and that death occurred, on the date stated above, at 405 pm.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) 28 yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dil

(duration) yrs. mos. 3 Mo ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 1900

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Dempsey M. D.

(Address) Mo Gen Hosp 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md

DATE OF BURIAL Aug 4 26

20 UNDERTAKER Harry A. Wiszle

ADDRESS 1538 W. Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12951

CERTIFICATE OF DEATH.

129 E 12951

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2331 Fleet St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Amelia Dorman

(a) RESIDENCE NO. 2331 Fleet St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Dorman

6 DATE OF BIRTH (month, day, and year) July 9, 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	0	22 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Frederick Herbich

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant James T. Dorman

(Address) 2331 Fleet St.

Filed AUG 3 - 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1. 1926

17 I HEREBY CERTIFY, That I attended deceased from 6.22.26, 19..., to 8.1.26, 19..., that I last saw h[illegible] alive on 8.1.26, 19..., and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 9 yrs. ... mos. ... ds.

CONTRIBUTORY

(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? chemical-microscopic

(Signed) Philip B. Fowler, M. D.

8.2.26 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
First Evangelical Cemetery	Aug 4 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc.	1210 Fleet St.

...ATION IS ...ing on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12952

CERTIFICATE OF DEATH.

146 E 12952

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 202 S. Regester St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Pierce

(a) RESIDENCE NO. 202 S. Regester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Pierce

6 DATE OF BIRTH (month, day, and year) May 10, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	2	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Squires

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine McMann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant William Pierce

(Address) 202 S. Regester St.

15 Filed 8-3-1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1926

17

I HEREBY CERTIFY, That I attended deceased from July 29, 1926, to Aug. 1, 1926, that I last saw h[er] alive on Aug. 1, 1926, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Cassard, M. D.

8. 2. 26 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross Cemetery	Aug 4 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St.

INSTRUCTIONS ON BACK OF CERTIFICATE. STATEMENT OF OCCUPATION IS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12953

CERTIFICATE OF DEATH.

74-001

REGISTERED No. E 12953

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 S. Ann St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Anderson.

(a) RESIDENCE NO. 400 S. Ann St. 2 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret A. Anderson

6 DATE OF BIRTH (month, day, and year): July 25 1845

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
81		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor (Retired)

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Penna.

(State or country)

PARENTS

10 NAME OF FATHER: John J. Anderson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Margaret A. Anderson

(Address) 400 S. Ann St.

Filed AUG 3 - 1926

C. HAMPSON JONES, M.D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/24, 1926, to 8-1, 1926, that I last saw h.. alive on 8-1, 1926 and that death occurred, on the date stated above, at 3.50 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Contributed by Arteriosclerosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harold Dunbar, M. D.

, 192 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial Aug. 4 1926

20 UNDERTAKER: Lilly & Geise ADDRESS 403 S. Wolfe St

...ATE OF OCCUPATION is ...

...instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 12954 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12954

CERTIFICATE OF DEATH. 188-003

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Jefferson Hosp. St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sheldon Lutz

(a) RESIDENCE NO. 532 S Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Sing Cl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4-1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Factual

(c) Name of employer County Cab Co

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER William F Lutz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Lina V Beard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Lena V. Lutz

(Address) 532 S. Hanover St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1 192 6

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile accident

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Base of Skull

(duration) yrs. mos. ds.

(Signed) Chas. E. Hastings M. D.

(Coroner)

, 19 26 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Aug 7 1926

UNDERTAKER George L. Johnson ADDRESS 2001 Eutaw Ave.

See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12955

CERTIFICATE OF DEATH.

90

E 12955

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 Oak Street ST., 12-2 WARD

2-FULL NAME T. Wallis Pontier

(a) RESIDENCE NO. 2706 Oak Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 11 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie K. Bolander

6 DATE OF BIRTH (month, day, and year) Aug. 7- 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer National Piano Co.

066

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward F. Pontier

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Hogg

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Miss Cora Pontier
(Address) 2706 Oak Street

15 Filed AUG 3 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15th, 1926, to Aug 1st, 1926, that I last saw him alive on July 31st, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation &
Mitral Stenosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. Instantly ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

8/3 26 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug. 3, 1926

20 UNDERTAKER Henry W. Mears & Son ADDRESS 805 N Eutaw St

C. HAMPSON JONES M.D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 12956

CERTIFICATE OF DEATH.

37-001 E 12956

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3605 Falls Road St., (13 Ward) 13-4

2-FULL NAME Florence G. Meridith

(a) RESIDENCE NO. 3605 Falls Road St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 6 mns. 13 da. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Meridith

6 DATE OF BIRTH (month, day, and year) Jan. 18-1899

7 AGE. Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
27	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 09

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stark & Stone Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles M. Mules

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella V. Donnelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Charles M. Mules

(Address) 3605 Falls Road

15 Filed 8-3-1926 G. HAMPSON JONES, M. D. Registrar Per RH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1- 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Aug. 1, 1926, that I last saw h-e alive on Aug. 1, 1926, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Bleeding Tuberculosis

(duration) ...yrs. 3 mos. ...ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Frank H. Haslin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Lambdin Aug 4 1926.

20 UNDERTAKER Roach & Burgee ADDRESS 3631 Falls Rd.

See instructions on back of certificates. Space for statement of OCCUPATION is

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12957

CERTIFICATE OF DEATH.

E 12957

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Mosher ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest J Jones.

(a) RESIDENCE. No. 1707 Mosher St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Jones

6 DATE OF BIRTH (month, day, and year) June 6 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Ennis Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgetown D.C.

14 Informant Mary Jane Jones (Address) 1507 Mosher St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

AUG 3 - 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to July 31, 1926

That I last saw him alive on July 31, 1926

and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 6 mos. 21 ds.

CONTRIBUTORY (Secondary) Cachexia & Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/19/26

Was there an autopsy? no

What test confirmed diagnosis? Operation 2/19/26

(Signed) J. Cyril Coy, M. D.

, 19 (Address) 1530 W Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Aug 3 1926

20 UNDERTAKER: Mack G. Elliott — ADDRESS: 1225 Eastland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12958

CERTIFICATE OF DEATH.

7H-001 E 12958

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1622 E Twenty fifth St (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Heck.

(a) RESIDENCE NO. 1622 E 25th St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? Life yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chester Heck.

6 DATE OF BIRTH (month, day, and year): April 11 1878

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
53	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) _____

(State or country) Penn

PARENTS

10 NAME OF FATHER Ambrose Wilderson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Penn.

12 MAIDEN NAME OF MOTHER Sarah Wilderson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Penn

14 Informant Chester Heck

(Address) 1622 E. Twenty fifth St.

15 Filed _____ 19 C. HAMPSON JONES, M. D.

1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1 1926 19

17 I HEREBY CERTIFY, That I attended deceased from June 5 1926, to Aug 1, 1926, that I last saw her alive on July 28, 1926, and that death occurred, on the date stated above, at 11 AM m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? ____ Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. F. Kinnaman, M. D.

Aug 3, 19 (Address) 1700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion Cemetery Belair Rd Date of Burial Aug. 4 1926

20 UNDERTAKER: Geo. F. Rutt ADDRESS 1735 Harford Ave.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12959 E 12959

CERTIFICATE OF DEATH.

89

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 615 E Chase ST.: 10 WARD)

2-FULL NAME Anna Eliza Canby

(a) RESIDENCE. No. 615 E Chase St ST. 10 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sults Cty

PARENTS

10 NAME OF FATHER Francis Affayomey

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Eliza O'Hara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Irving Canby 615 E Chase St

15 Filed Aug 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1925, to Aug 1, 1926.

that I last saw her alive on July 28, 1926

and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Benton, M. D.

8-3, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Aug 4 1926

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Greenmount Ave

Spec.—12-9-25—A Co.—200 Bks.

E 12960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12960

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE, No. 1025 N. Stricker St. 16 Ward

2-FULL NAME John B. Gibson

(a) RESIDENCE NO. 1025 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 65; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Alfred Gibson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Lewis

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Son

(Address) 1025 N. Stricker St.

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/1/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/25/ 1926 to 8/1/ 1926

That I last saw h.. alive on 8/1/ 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Exophagus 6

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Lab. Mic. Chem.

(Signed) Shepherd Brown, M. D.

(Address) 1227 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

Date of Burial: Aug 4 1926

20 UNDERTAKER: David Easton

ADDRESS 916 Park Ave

See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12961 E

CERTIFICATE OF DEATH.

128 E 12961

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 636 Mosher St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ortelia Thornton

(a) RESIDENCE NO. 636 Mosher St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1888

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of indnsiry, business, or establishment in which employed (or employer) H.D.

(c) Name of employer

9 BIRTHPLACE (city or town) Gloucester Co.

(State or country) Va.

PARENTS

10 NAME OF FATHER Henry Thornton

11 BIRTHPLACE OF FATHER (city or town) Gloucester Co

(State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mary E Burrell

(Address) 636 N Mosher St

15 Filed ___ 19___ C. HAMPSON JONES, M. D.

1926 Per ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1926

17

I HEREBY CERTIFY, That I attended deceased from July 5 1926, to Aug 1, 1926,

that I last saw h.. alive on July 31, 1926,

and that death occurred, on the date stated above, at 9.45 P. M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis 5 days

(duration) ___ yrs. Seven mos. ___ ds.

CONTRIBUTORY Anemia

(Secondary)

(duration) ___ yrs. ___ mos. 6 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Examination

(Signed) C. William Kay, M. D.

, 19 (Address) 1921 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Urbana Va

Date of Burial Aug 3 1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pennsylvania Ave

Important: See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12962

CERTIFICATE OF DEATH.

111-001

E 12962

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Calvert & 33rd ST., 13-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eberhard H Beck

(a) RESIDENCE NO. 620 University P'Kwy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. E H. Beck

6 DATE OF BIRTH (month, day, and year) Dec 4, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	6	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Business 045

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Stationery

(c) Name of employer Self Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER C. Herman Beck

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Ida Bollman

13 BIRTHPLACE OF MOTHER (city or town) Penn. (State or country)

14 Informant U. M. H. Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1926, to August 2, 1926 that I last saw h. alive on August 2, 1926 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer (bleeding)

(duration) yrs. mos 14 da.?

CONTRIBUTORY (Secondary) Subacute nephritis

(duration) yrs. ? mos. da.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical and lab methods

(Signed) Randall R Sumter Jr. M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Aug 4 1926
20 UNDERTAKER	ADDRESS
Wm J Tucker Sons.	North Ave

Please see instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12963

CERTIFICATE OF DEATH.

E 12963

100-001

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 24 E. HEATH St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME FRANK DANNER.

(a) RESIDENCE NO. 24 E. HEATH St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
MALE.	WHITE.	WIDOWER.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of THE LATE LENA DANNER.

6 DATE OF BIRTH (month, day, and year) JUNE, 14, 1880.

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	46,	1,	19. 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work DYE SETTER AT D 8 6

(b) General nature of industry, business, or establishment in which employed (or employer) MATHAI & INGAM CO.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) GERMANY.

PARENTS

10 NAME OF FATHER FRANK DANNER.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) GERMANY.

12 MAIDEN NAME OF MOTHER DONT KNOW.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) GERMANY.

14 Informant MRS. HELEN ULLMANN, SISTER.

(Address) 24 E. HEATH STREET.

15 Filed C. HAMPSON JONES, M. D.

1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Aug 2

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to Aug 2, 1926

that I last saw h live on aug 2, 1926,

and that death occurred, on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. F. Campbell M. D.

Aug 2 1926 (Address) 1644 Bloom St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Louden P K Cem Aug 5 1926

20 UNDERTAKER ADDRESS

A. Howard Evans 38 E. Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12964

CERTIFICATE OF DEATH.

101-001

E 12964

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1123 Binney Street St. 1-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Apolinary • Komorowski

(a) RESIDENCE NO. 1123 Binney Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary • Komorowski

6 DATE OF BIRTH (month, day, and year) June 15 1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
31	35	1	18 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of Indnstry, business, or establishment in which employed (or employer) Car Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Mrs. Mary • Komorowski

(Address) 1123 Binney Street

15 Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

- 1926 per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 8/2/26

17 I HEREBY CERTIFY, That I attended deceased from 7/28, 1926, to 8-2, 1926, that I last saw h[illegible] alive on 8-2, 1926 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) Samuel L Gonshor, M. D.

, 1926 (Address) 3325 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Stanislaus Cem. Aug 4 1926

20 UNDERTAKER ADDRESS

John M Wilber 1803 Eastern

Very important. See instructions on back of certificates.

Spec.–1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12965 E 12965

CERTIFICATE OF DEATH.

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 (ST.) Jackson (WARD) 24

2-FULL NAME Lillian E. Bradburn

(a) RESIDENCE NO. 1712 Jackson ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 Mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 20/26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Howard H. Bradburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edna Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Bradburn

(Address) 1712 Jackson

Filed AUG 4 - 1926 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926 to Aug 2, 1926

that I last saw him alive on Aug 2, 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Enteritis Colitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell, M. D.

Aug 3, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 8/4 1926

UNDERTAKER L. Fen McCully

ADDRESS 130 E Fort

Very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 12966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

23-2

E 12966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals)

2-FULL NAME Willett Weeks

(a) RESIDENCE No. 2120 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Weeks.

6 DATE OF BIRTH (month, day, and year) 1-12-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Willett Weeks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Jeannette Miller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York.

14 Informant City Hospital Records
(Address) C. HAMPSON JONES, M. D.

15 Filed AUG 4 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2 1926

17

I HEREBY CERTIFY, That I attended deceased from January 12, 1926 to August 2, 1926

that I last saw him alive on August 2 1926

and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis - pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Lab.

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 8/5 1926

20 UNDERTAKER I. Frew McCalls

ADDRESS 130 E Fay

Very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12967

CERTIFICATE OF DEATH.

175 E 12967

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No.) 1124 McCulloh ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester J. Hooper

(a) RESIDENCE NO. 1124 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos W Hooper

6 DATE OF BIRTH (month, day, and year) Sept 11-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER Simon Dew

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Eliza Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Fanny W. Johnson

(Address) 1124 McCulloh St

15 Filed , 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to Aug. 2, 1926, that I last saw h er alive on Aug. 2, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Ptomaine Poisoning (Cure)

(duration) yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Hite M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cr

DATE OF BURIAL Aug 4 1926

20 UNDERTAKER S. E. Brown & Son

ADDRESS 108 W. Mulberry

(Name must be very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12968

CERTIFICATE OF DEATH.

90 E 12968

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Aged Home ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Cohen

(a) RESIDENCE NO. 115 Arlington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abs Cohen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) J. Levin 1739 E. Balto

15 Filed 4 1926 By C. HAMPTON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to Aug 3, 1926, that I last saw her alive on Aug 3, 1926, and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Senile Paralysis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. J. Boehm, M. D.

8/4, 1926 (Address) 701 Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	8-4-1926

20 UNDERTAKER Jack Levin ADDRESS 1759 E. Balto

Note—This certificate is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 12969 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12969

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Ninth St. Brooklyn 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna P. Bernhardt

(a) RESIDENCE No. 17 N. Ninth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas & Electric Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry M. Bernhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Metze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William M. Bernhardt

(Address) 17 N. Ninth St. Brooklyn

15 Filed AUG 4 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926, to August 1, 1926, that I last saw h[illegible] alive on August 1, 1926, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Appendicitis and General peritonitis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 10, 1926

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Edward A. Johnson M. D.

19 (Address) 1217 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill | DATE OF BURIAL: Aug 4 1926

20 UNDERTAKER: John F. Denny | ADDRESS: 715 Lexington St

Make every answer complete and legible. Use indelible pencil. Do not use abbreviations. Erase statement of OCCUPATION if not gainfully employed. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12970

CERTIFICATE OF DEATH.

44 E 12970

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 ½ Bradford St., 6-3 Ward)

2-FULL NAME John Slifka

(a) RESIDENCE NO. 923 ½ Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Slifka

6 DATE OF BIRTH (month, day, and year): Nov 1885

7 AGE — Years: 41 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of indnstry, business, or establishment in which employed (or employer): Railway

(c) Name of employer: Unite R. Co

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Peter Slifka

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Anna Horecky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Anna Slifka

(Address) 923 ½ Bradford

Filed Aug 4 1926 G. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan months to Aug 2, 1926, that I last saw h alive on Aug 1/26 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Aug 5 1926

20 UNDERTAKER: Frank E Cook & Son — ADDRESS: 1900 Gilford

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12971

E 12971

CERTIFICATE OF DEATH.

188-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Old way to Oral Mem St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Romano or ROMANO

(a) RESIDENCE NO. 25-1 East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August

6 DATE OF BIRTH (month, day, and year) Aug 1 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6 yrs		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Chas. Romano

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER C. Zito

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant ~~C. Zito~~ Romano

(Address) 25-1 East

15 Filed ..... 19 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract skull - accidentally

Struck by auto

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Pilly M. D.

(Coroner)

Aug 4, 19 26 (Address) 1619 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Aug 6 19 26

20 UNDERTAKER Frank Enoch & Son ADDRESS 1711 Old York

4-1926 Pct

very important. See instructions on back of certificate.

...ny be properly classified. Exact statement of OCCUPATION is

...should state CAUSE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12972

CERTIFICATE OF DEATH.

90

E 12972

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 St. James ST., 10-2 WARD

2-FULL NAME Mary Salter.

(a) RESIDENCE No. 120 St. James ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Salter

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles Sampson (Address) 1205 St. James St.

15 Filed ... 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to July 26. 1926.

that I last saw her alive on July 26, 1926,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) ch Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A. H. Hornstein M. D.

8/4. 1926 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cem. DATE OF BURIAL Aug 5 26

20 UNDERTAKER Chas. H. Johnson ADDRESS 1818 Bowlyn St

Note.—It is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—12-9-25—A Co.—200 Bks.

E 12973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 E 12973

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 510 N. Castle St., 7-2 Ward)

2-FULL NAME Mr. Hortis Moore.

(a) RESIDENCE NO. 510 N. Carey St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Edna E. Moore

6 DATE OF BIRTH (month, day, and year) Apr 4/74

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer) Parker Tin

(c) Name of employer Deco. Co. 1623

9 BIRTHPLACE (city or town)_____

(State or country) City

PARENTS

10 NAME OF FATHER George Moore

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) ~~Germany~~ Md

12 MAIDEN NAME OF MOTHER Susan

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md.

14 Informant Mrs Moore

(Address) 510 N Castle

Filed 8-4-1926 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Aug 1, 1926,

that I last saw h.. alive on Aug 1, 1926,

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Generalized Peritonitis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Ruptured Appendix

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? yes Date of July 28. 4

Was there an autopsy? no.

What test confirmed diagnosis?_____

(Signed) A.G. Moale, M. D.

8/1, 1926 (Address) Mercy Hospital - Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial 8/4 1926

20 UNDERTAKER Philip Herwig ADDRESS 3016 Orleans St

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12974

CERTIFICATE OF DEATH.

188-002 E 12974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp. (ST.) 16-6 (WARD)

2-FULL NAME Carter Jones

(a) RESIDENCE No. 934 Vincent St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Malcom

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O+O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Carter Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rebecca Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nellie Mitchell (Address) 1704 Pennington Ave

15 Filed ....., 192 .... Registrar

C. HAMPSON JONES, M. D.

AUG 4 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull 1/2 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Street car accident

(duration) yrs. mos. ds.

(Signed) J. T. Hennessey, M. D. (Coroner.)

Aug 2, 192 6 (Address) 2801 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Cem. Woodlawn DATE OF BURIAL Aug 4 192 6

20 UNDERTAKER Samuel A. Wesley ADDRESS 1711 Bolton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12975

CERTIFICATE OF DEATH.

1926 E 12975

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waverly Young

(a) RESIDENCE NO. 802 N. Spring St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Young

6 DATE OF BIRTH (month, day, and year) Oct 6/1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Easton Pie Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bt. Helena, Md

PARENTS

10 NAME OF FATHER James Young

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Essex Co Va

12 MAIDEN NAME OF MOTHER Virgibia Young

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Patapsco Neck Md

14 Informant Mary Young

(Address) 1422 1/2 E. Fayette St

Filed AUG 4 - 1926 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage in chest-Stab wounds

(Inquest Aug 3/26)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Weller M. D.

(Coroner)

8/3/26 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial Aug 4 1926

20 UNDERTAKER Edmund Hensley ADDRESS Baltimore

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

12976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 12976

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 S. Curley ST. 1-3 WARD)

2-FULL NAME Ferdinand Kutilek

(a) RESIDENCE NO. 936 S. Curley ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? 41 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Johanna Elizabeth Kutilek

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1879

7 AGE: Years 46 | Months 10 9 | Days 10 9 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Hay~~ Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Penn (State or country) Austria

PARENTS

10 NAME OF FATHER Frank Kutilek

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Czechs - Slovakia

12 MAIDEN NAME OF MOTHER Mary Turina

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Czechs - Slovakia

14 Informant Johanna E. Kutilek (Address) 936 S. Curley St

G5 Filed 1926 HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Aug. 3, 1926, that I last saw him alive on Aug. 2, 1926 and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

..... (duration) ..... yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Post Mortem Examination

What test confirmed diagnosis? Tuberculin Test and Autopsy

(Signed) Vincent P. Burke, M. D.

, 19 (Address) 345 N. Eutaw St, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem Aug 6 1926 | DATE OF BURIAL

20 UNDERTAKER: Stephen J. Kalkowski | ADDRESS 1000 Kenwood Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12977

CERTIFICATE OF DEATH.

197 E 12977

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norville Terry

(a) RESIDENCE NO. 1705 E. Madison St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Viola Terry

6 DATE OF BIRTH (month, day, and year) June 10/1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Va

PARENTS

10 NAME OF FATHER Norville Terry

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Va

14 Informant Mrs. Elliott
(Address) Undertaker

15 Filed AUG 4 - 1926 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Aug 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage (abdominal & thoracic) Pistol shot wound-Homicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Oliver, M. D.
(Coroner)

8/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cemetery Date of Burial Aug 4 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Eastland Ave

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is necessary. Cause of death must be properly classified. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

E. 12978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 12978

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. St., 27 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Staubs

(a) RESIDENCE NO. 503 Lemmon St., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse L. Staubs

6 DATE OF BIRTH (month, day, and year) May 6 1883

7 AGE Years 43 Months 2 Days 28 29

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Chas. Spreiner

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Sprecher

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Lulu Spreiner

(Address) Sherwood Ave

15 Filed ....., 19.... Registrar

C. THOMPSON JONES, M. D.

1926 Reg. ARD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 26, to Aug 3, 19 26,

that I last saw h.. alive on Aug 3, 19 26

and that death occurred, on the date stated above, at 12 05 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. C. Wolfe, M. D.

, 19 (Address) Mercy Hospital Balt MD.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenner

Date of Burial 8/6 26

20 UNDERTAKER Engel & Fuller

ADDRESS Shelbourne Fayette

Fill out completely and write plainly with ink. Information required is very important. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12979

CERTIFICATE OF DEATH.

129

E 12979

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 W. Hamburg ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Proff

(a) RESIDENCE NO. 10 W. Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life 63 mos. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem.	white	widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of or) ~~WIFE~~ of WIFE Wm. Propf

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer - - - - - - -

9 BIRTHPLACE (city or town) (State or country) Georgetown, D. C.

PARENTS

10 NAME OF FATHER Henry Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Ey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Proff (Address) 10 W. Hamburg St.

15 Filed 8/3, 1926 C. HAMPSON JONES, M. D. Registrar

G4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to Aug. 3, 1926, that I last saw her alive on Aug. 2, 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of - - - -

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) Dr. Kleibel M. D.

8/3, 1926 (Address) 1224-1226 Hanover Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Aug 5th 1926

20 UNDERTAKER E. Schloman & Son ADDRESS 1539 Pennsylvania

Spec.—1-12-23—M&T—500 Bks. Supplement. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 12980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12980

CERTIFICATE OF DEATH.

32

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 13-4 WARD)

2-FULL NAME Baby Ed. Corahey

(a) RESIDENCE NO. 834 Union Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 ft 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 25 1925

7 AGE: Years 0 Months — Days 9 10

If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md.
(State or country) Balto Co

PARENTS

10 NAME OF FATHER Michael Corahey

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) not given

12 MAIDEN NAME OF MOTHER Ethel Lohr

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Michael Corahey
(Address) 834 Union Ave

15 Filed 8-4-1926 C. HAMPSON JONES, M. D. Registrar
Per R P H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-29, 1926, to 8-4, 1926, that I last saw him alive on 8-4, 1926, and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Tbc Meningitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) J. Theron Hunter M. D.

8/4. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Aug 6 1926

20 UNDERTAKER: Chenowith & Son

ADDRESS 3617 Chestnut Ave

TION is very important. See instructions on back of certificates.

4

Spec.—1-10-21—M&T—1500 Bks.

E 12981 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12981

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 26-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Vinson

(a) RESIDENCE No. BALTIMORE CITY HOSPITALS ST., ... WARD .....
(Usual place of abode) [redacted]
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	W'D.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant City Hospital Records (Address)

15 Filed AUG - 1926 C. HAMPSON JONES, M. D. Registrar Per JPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925 to August 1, 1926, that I last saw her alive on July 31, 1926, and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) C Hooper Smith, M. D.

August 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 4 - 1926

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12982 E 12982

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hopie West

(a) RESIDENCE NO. 506 ? Ausgusta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29-			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Caleb Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va ?

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va ?

14 Informant (Address)

15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1926. to Aug. 1, 1926.

that I last saw h[illegible] alive on Aug 1, 1926

and that death occurred, on the date stated above, at 9 40 a.m.

The CAUSE OF DEATH* was as follows:

Secondary Lues —

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred and buried

DATE OF BURIAL Aug 27-1926

UNDERTAKER Eppes & Co Va Edw Bryant

19 ADDRESS

AUG 4

IMPORTANT is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12983

E 12983

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Booth

(a) RESIDENCE NO. 421 N. Paca Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Booth

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-17-26, 19..., to 8-2-, 1926, that I last saw her alive on 8-1-, 1926, and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis, Acute Alcoholism.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Gedstuth M. D.

8/27 1926 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

...TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12984 E 12984

CERTIFICATE OF DEATH.

102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Nicholson.

(a) RESIDENCE NO. 623 Montgomery St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED W. W.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Bowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Record
(Address)

15 Filed 1926, 19 C. HAMPSON JONES, M. D.
Per M.R.B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1926

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to Aug 3, 1926

that I last saw h[illegible] alive on Aug 3, 1926

and that death occurred, on the date stated above, at 7.05 A m.

The CAUSE OF DEATH* was as follows:

Empyema.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Hampson Jones, M. D.

, 19 (Address) 1702 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stevensville Talbot Co Md.

DATE OF BURIAL Aug 6th 1926

20 UNDERTAKER L. & B. Harle

ADDRESS 115 E. West St.

Exact statement of OC[illegible]

See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12985

CERTIFICATE OF DEATH.

E 12985

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3326 Hudson St. St., 26-5 Ward)

2-FULL NAME Charles Mack

(a) RESIDENCE NO. 3326 Hudson St. St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 18-1907

7 AGE — Years: 18 | Months: 8 | Days: 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Office Boy. 086

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Gustave Mack

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto- Md.

12 MAIDEN NAME OF MOTHER: Emma Stromer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md.

14 Informant: Gustave Mack

(Address): 3326 Hudson St.

15 Aug 6 1926 C. HAMPSON JONES, M. D. Registrar

Per APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3- 1926

17 I HEREBY CERTIFY, That I attended deceased from ____, 1925, to Aug 3, 1926, that I last saw h.. alive on Aug 3, 1926, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Cav.)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): All year

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hunt Blackwood M. D.

8/4. 1926 (Address) 3524 Fork Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: Aug. 6th 1926

20 UNDERTAKER: Lilly & Zeder ADDRESS: 403 S. Wolfe

To prevent mistakes in punctuation, so that it may be properly classified, PHYSICIANS should state CAUSE very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12986 E 12986

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH 16 Rosemont Ave REGISTERED NO.

CITY OF BALTIMORE: (No. 27-14 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Black

(a) RESIDENCE NO. 16 Rosemont Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sidney N. Black

6 DATE OF BIRTH (month, day, and year) July 2, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Henrietta Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sidney Black (Address) 16 Rosemont Ave

15 Filed AUG 4 - 1926 C. HAMPSON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 5, 19 26, to Aug 3, 19 26, that I last saw h[illegible] alive on June 20, 19 26, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Died almost instantly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 2 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. Rowell Dorsch M. D.

8/4, 19 26 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Aug 6 1926

20 UNDERTAKER Joseph Lyden ADDRESS 1600 W Pratt

TION is very important. See instructions on back of certificates.

4

Spec.—1-10-21—M&T—1500 Bks.

E 12987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12987

CERTIFICATE OF DEATH.

122-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 540 N Carrollton Ave (St.) 18-1 (Ward)

2-FULL NAME James H. Hubbard

(a) RESIDENCE No. 540 N. Carrollton Ave St., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Grace Hubbard

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1859

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter & Bldr

(b) General nature of Industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER James H. Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Mary Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md

14 Informant Julia N. Hubbard

(Address) 540 N. Carrollton Ave

15 AUG - 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/15/26 19 . to 8/3/26 .

that I last saw him alive on 8/3/26 . 19 .

and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver.

Myocarditis.

(duration) 2 yrs. mos over ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? NO .....

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Woody M. D.

19 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL Aug 6 1926

20 UNDERTAKER Robt S. Little

ADDRESS 20 to 26 Edmondson Ave

THION is very important See instructions on back of certificate. Exact statement of ... PHYSICIANS should ... that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12988 E 12988

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Oak Crest Circle ST., 10-2 WARD)

New Belair Rd.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thekla J. Friehl

(a) RESIDENCE NO. 943 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): April 16 1854

7 AGE: Years 72 | Months 2 3 | Days 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edward C. Friehl

(Address): 943 E. Chase St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to Aug 2, 1926

that I last saw h alive on Aug 2, 1926

and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

1 Carcinoma of Liver

(duration) 3 mos

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray Laboratory

(Signed) Nathaniel Gatch, M.D.

, 19 (Address) 2101 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Aug 5, 1926

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 948 E Eager St.

Keep very important. See instructions on back of certificates. Exact statement of cause of death.

Spec.—1-10-21—M&T—1500 Bks.

E 12989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12989

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Calvert 33d ST., 21-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Morris H Bokee

(a) RESIDENCE NO. 8 Longwood Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28, 1841

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John Bokee

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Depasset

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant U. M. H. Records.
(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3 1926

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1926, to August 3, 1926, that I last saw him alive on August 3, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, bronchitis

(duration) ..... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardio-renal disease with Cardiac decompensation (duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical and laboratory

(Signed) Frank R. Smith, Jr. M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	8/5 26
20 UNDERTAKER	ADDRESS
Geo A Tinley Sons	Fayette

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Dr Marr 516 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12990

E 12990

CERTIFICATE OF DEATH.

91-002

REGISTERED NO. 20-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2506 N. Baltimore St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry C. Cullison

(a) RESIDENCE NO 2506 N. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A Cullison

6 DATE OF BIRTH (month, day and year) Jan 10, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Capt, Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md Pilot Assn

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John Cullison

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Catherine A Cullison

(Address) 2506 N Balto St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19..., to Aug. 2, 1926, that I last saw h... alive on August 2, 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

General Arterio - Sclerosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. Marr M. D.

8. 4. 1926 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Unknown Cem Aug 4 1926

20 UNDERTAKER H. W. Cook ADDRESS 502 E North Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP... is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 12991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12991

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harrod.

(a) RESIDENCE NO. 421 E Lafayette ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 19, 1869

7 AGE — Years: 52 Months: 9 Days: 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Emmel M Harrod.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Maria E J Talbot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England.

14 Informant (Address): Maria F Middleton 421 E. Lafayette Ave

15 Filed 1926 C. HERBERT JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Aug 8, 1926

that I last saw h alive on Aug 6, 1926

and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Uraemia - 3 days.

Acute Nephritis 2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Abscess of thigh

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Wilson Jr., M. D.

, 19 (Address) 1702 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: Aug. 6 1926

20 UNDERTAKER: H M Cook

ADDRESS: 502 E. Northern

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12992

CERTIFICATE OF DEATH.

117

E 12992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 1—1 WARD)

2-FULL NAME Alfred Le Brun

(a) RESIDENCE NO. 202 S. Collington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Le Brun

6 DATE OF BIRTH (month, day, and year) June 12, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 073

(b) General nature of industry, business, or establishment in which employed (or employer) Canton Railroad

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Le Brun

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Marie Le Brun (Address) 202 S. Collington Ave

15 Filed AUG 4 - 1926 C. HAMPSON JONES, M. D. Registrar Per Apth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-1926

17

I HEREBY CERTIFY, That I attended deceased from July 29, 1926, to Aug. 2, 1926, that I last saw him alive on Aug. 2, 1926, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis, Ruptured, Acute Peritonitis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July-29-26

Was there an autopsy? Yes

What test confirmed diagnosis? Macroscopic

(Signed) Philip Bevington M.D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Aug 5 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Eat Pl

...MANNER OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...CCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12993 E 12993

CERTIFICATE OF DEATH.

45

26-5

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., _____ Ward)

2-FULL NAME Elizabeth Laupus

(a) RESIDENCE NO. 20 S. East Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Laupus

6 DATE OF BIRTH (month, day, and year) SEpt 19/1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	10 7	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Christian Griebel

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) "

14 Informant Wm. E. Laupus

(Address) 20 S. East Ave

15 Filed 8/4/26 C. HAMPSON JONES, M. D. Registrar

1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prob. Malignancy of bowel (duration) yrs. mos. ds.

(Signed) J. H. Potter M. D.

(Coroner)

8/4/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL First Evangelical Cemetery — Date of Burial Aug 6 1926

20 UNDERTAKER Henry Sandler & Sons, Inc. — ADDRESS 1710 Eat St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12994

CERTIFICATE OF DEATH.

44 E 12994

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 811 N. Lakewood Ave. Ward 17-3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Whittle

(a) RESIDENCE NO. 811 N Lakewood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine E. Whittle

6 DATE OF BIRTH (month, day, and year): 12/23/1884

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
41	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Balto City

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm H. Whittle

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Alvina Engert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Woodbine Penna

14 Informant: Catherine Whittle

(Address): 811 N. Lakewood Ave

15 Filed 1926 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 3 - 1926

17

I HEREBY CERTIFY, That I attended deceased from April 4, 19 26, to Aug 3, 19 26

that I last saw h alive on Aug 3, 19 26

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH*, was as follows:

Carcinoma of Stomach

Since April 4th 26

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Contributory

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. K. [illegible], M. D.

, 19 (Address) 1715 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

Date of Burial: 8/6/1926

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12995

CERTIFICATE OF DEATH.

113 E 12995

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 316 S. Chester Street St., 2-1 Ward)

2-FULL NAME John A. Matuszewski Jr.

(a) RESIDENCE NO. 316 S. Chesterr Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 25 1925

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John . Matuszewski

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Antonette Prill

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Mr. John. Matuszewski

(Address) 316 S. Chester Street

15 Filed_____, 19____ C. HAMPSON JONES, M. D.

AUG 4 - 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 8/3/26

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Aug 3, 1926, that I last saw him alive on Aug 3, 1926, and that death occurred, on the date stated above, at 9 A.m.

The CAUSE OF DEATH* was as follows:

Acute Intest - Coute

(duration) ....yrs. ....mos. X-5 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr

(Signed) [illegible], M. D.

Aug 4, 1926. (Address) 1002 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. Date of Burial Aug 5 1926

20 UNDERTAKER John McWey ADDRESS 1803 Bank St

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12996 E 12996

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3314 Norwood Ave (St.) Howard Park (WARD) 28

2-FULL NAME Fidelia Maria Jarvis

(a) RESIDENCE No. 3314 Norwood Ave St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Jarvis

6 DATE OF BIRTH (month, day, and year) ? ?, 185?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Connecticut

PARENTS

10 NAME OF FATHER Wm. T. Augur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ada Eshman (Address) 3314 Norwood Ave

15 Filed 4-1926, 19.. C. HAMPSON JONES, M. D. Registrar Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) no history.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Aug 3, 1926 (Address) 200 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug 5 1926
20 UNDERTAKER	ADDRESS
J. Hughes & Sons Inc	1300 N. Broadway

Directions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 12997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12997

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Cecelia Keyser

(a) RESIDENCE NO. 1720 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Moses Keyser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Betty Preiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. E. Keyser (Address) 20 Overhill Road

15 1926 C. HAMPSON JONES, M. D. Registrar Per R.H.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to Aug 4th, 1926, that I last saw her alive on Aug 4th, 1926, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Signs & Symp

(Signed) M. Rubin Feliger, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk. Crematory

DATE OF BURIAL 8/6/1926

20 UNDERTAKER David Sondheim

ADDRESS 116-20 20. Mt. Hopal Ave.

4

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12998

CERTIFICATE OF DEATH.

135 E 12998

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 6-1 WARD)

2-FULL NAME Harry Budlow

(a) RESIDENCE NO. 141 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 13 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) D H S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isidore Budlow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Ric.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Budlow

(Address) 1417 Maryland Ave

15 Filed AUG 5 - 1926 C. HARRISON JONES, M.D. Registrar

Put

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17

I HEREBY CERTIFY, That I attended deceased from 6-24, 1926, to Aug 4, 1926, that I last saw h[illegible] alive on August 4, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of prostate, pyelonephritis, Pulmonary edema

(duration) yrs. 2 mos 21 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-27-26

Was there an autopsy? No

What test confirmed diagnosis? Operation & Laboratory

(Signed) [illegible] M. D.

Aug 4. 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosedale — DATE OF BURIAL 8/5 1926

20 UNDERTAKER Lee Levinson & Bro — ADDRESS 1127 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12999

CERTIFICATE OF DEATH.

185 E 12999

REGISTERED NO._____

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balto City Hospital, 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dolinski

(a) RESIDENCE NO. Camp Holabird St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U S Army

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) New York

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

14 Informant Capt Reddig, Camp Holabird

(Address)

15 Filed_____ 19____ C. Hampson Jones M. D. Registrar

AUG 5 - 1926 By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture neck when he dived off a pier pier near Riverside Park

(duration) ____ yrs. Instantaneous

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Kerr M. D. (Coroner)

8 4, 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Syracuse N.Y. Date of Burial 8/5 1926

20 UNDERTAKER Sol Gunner & Bro ADDRESS 1127 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 13000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13000

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1201 Hunter St., 12 Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Faulkner

(a) RESIDENCE NO. 1201 Hunter St., 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Sandora Faulkner

6 DATE OF BIRTH (month, day, and year): Aug 5 1864

7 AGE: Years 61 Months 11 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer C F Flanigan

9 BIRTHPLACE (city or town):

(State or country) Va

PARENTS

10 NAME OF FATHER Scott Faulkner

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Bettie Johnson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant Mable Spriggs

(Address) 2201 Hunter St

15 Filed 8-5-1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/3 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabercular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Thomsen M. D.
(Coroner)

8/4 192 6 (Address) 3932 Belvidere

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Standardville Va Date of Burial: Aug 5 192 6

20 UNDERTAKER: Franklin W Sack ADDRESS 707 W 33 St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-31—E.B.R.S.—400 Bks.

E 13001 HEALTH DE ...LTH—CITY OF BALTIMORE E 13001

...ERTIFICATE OF DEATH. 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2339 Eastern ave St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Margaret E. Insley

(a) Residence No. 2339 Eastern ave St., 1st Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo H Insley

6-DATE OF BIRTH (month, day and year) July 20 1854

7-AGE, 72 yrs. 12 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)... at Home

(c) Name of employer.....

9-BIRTHPLACE (city or town). Stevenson Co (State or Country), md

PARENTS.

10-NAME OF FATHER, Gillis Howard

11-BIRTHPLACE OF FATHER (city or town) Somerset Co (State or Country), md

12-MAIDEN NAME OF MOTHER, B. Carew

13-BIRTHPLACE OF MOTHER (city or town) Somerset Co (State or Country), md

14- (Informant) Lucy A Franke

(Address) 122 N. Luzerne ave

15- AUG 5 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 2 - 26

17- I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to Aug 2, 1926, that I last saw h[illegible] alive on Aug 2, 1926 and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 1 yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr G W Kennard, M. D.

Aug 3, 1926 (Address) 708 Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cedar Lawn — DATE OF BURIAL, Aug 5, 1926

20-UNDERTAKER, Louis Heeren — ADDRESS 32 S Eutaw

Way

In filling out this certificate, please write in plain terms, so that it may be properly classified. Exact statement of cause of death is required. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Gerckens.

HEALTH DEPARTMENT—CITY OF BALTIMORE

193796
E 13002

CERTIFICATE OF DEATH.

113 E 13002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

City of BALTIMORE: (No. ____ St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Gerckens

(a) RESIDENCE NO. 1509 Eutaw Place St. Baltimore Ward Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 24 1926

7 AGE: Years ____ Months 1 Days 33 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9 BIRTHPLACE (city or town): Md —
(State or country)

PARENTS

10 NAME OF FATHER: Arthur Gerckens

11 BIRTHPLACE OF FATHER (city or town): Ger —
(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Koch

13 BIRTHPLACE OF MOTHER (city or town): Ger
(State or country)

14 Informant: Records — JOHNS HOPKINS HOSPITAL
(Address)

15 Filed AUG 5 1926 19 C. HAMPSON JONES M.D. Registrar
Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-3 1926

17
I HEREBY CERTIFY, That I attended deceased from July 17 1926, to Aug-3, 1926, that I last saw him alive on Aug-3, 1926, and that death occurred, on the date stated above, at 10 20 P m.

The CAUSE OF DEATH* was as follows:

Miliary-cerebral tuberculosis (not by autopsy)

E. (duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary): Eczema Life

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thomas W. Cornell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuels C Date of Burial Aug 5 19 C

20 UNDERTAKER: Louis Heemann ADDRESS 925 Broadway

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13003

CERTIFICATE OF DEATH.

113 E 13003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Malczewski

(a) RESIDENCE NO. Honey Creek, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) XXXXX

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Malczewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Veronica Posluszky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Geo. Malczewski

(Address) Honey Creek. Md

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R. K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Aug 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Polan, M. D.
(Coroner)

8/5/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Stanislaus	8/5 1926.

20 UNDERTAKER	ADDRESS
Selby & Lane	103 o Wolfe st

G5 1926

Write PLAINLY, with unfading ink. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13004

CERTIFICATE OF DEATH.

E 13004

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3508 E Fairmount st. 26-3 Ward)

2-FULL NAME Josephine Christian

(a) RESIDENCE NO. 3508 E Fairmount st. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theodore Christian

6 DATE OF BIRTH (month, day, and year) Jan 15. 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	6	17	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Salt City

(State or country)

PARENTS

10 NAME OF FATHER Wm J Donnelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Mary Nixon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant Theodore Christ

(Address) 3508 E Fairmount

Filed Aug 5 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Renal Disease
probably Renal Primary

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis with Hypertension

(duration) yrs. mos. ds.

(Signed) James A Watson M. D.
(Coroner)

8 Aug 1926 (Address) 700 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem Date of Burial Aug 6 1926

20 UNDERTAKER John Cunniff ADDRESS 2008 Orleans

CLARENCE BOWIE M.D.

AUG 5 1926

FOR.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13005

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Hugo Ave ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Bertha Peltz

(a) RESIDENCE NO. 2700 Hugo Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/19/1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Peltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Sudmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Robt Peltz
(Address) 2700 Hugo Ave

15 Filed . 19 Per Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1926

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1926, to Aug 2, 1926, that I last saw h alive on July 2, 1926, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Respiratory Paralysis
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Confirmed
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thomas F Peltz, M. D.

, 19 (Address) 457 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Matthews Cem	Aug 6, 1926
20 UNDERTAKER John Leech	ADDRESS 2008 Eutaw

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximation should be given. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. This is very important.

AUG 6 1926

Spec.—12-9-25—A Co.—200 Blks.

1926 E 13006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-003 E 13006
REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (Ward 9-1)

City of BALTIMORE: (No. ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Girl Bushong

(a) RESIDENCE NO. 618 Hyanbe St. St. Balto Ward Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 27 1926

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
			8 dys.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 0
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Hermann Bushong

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Virginia Whitmer

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar
Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 3 1926

17
I HEREBY CERTIFY, That I attended deceased from July 27 1926, to Aug - 3 1926,
that I last saw her alive on Aug - 3 1926,
and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:
Infected Meningocele
(duration) ____ yrs. ____ mos. 8 ds.
CONTRIBUTORY (Secondary) Streptococcus Meningitis
(duration) ____ yrs. ____ mos. 6 ds.

18 Where was disease contracted Home
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Thos. Cornell M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Aug 5 1926
Parkwood Cemetery

20 UNDERTAKER John A Joran
ADDRESS 3010 E Balto St

AGE—WHERE infants are concerned, the exact age should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1926

Spec.—1-10-21—M&T—1500 Bks.

E 13007 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13007

CERTIFICATE OF DEATH. 194

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3808 Reisterstown Rd ST., 15-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Brown Root

(a) RESIDENCE NO. 3808 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ralph S. Root.

6 DATE OF BIRTH (month, day, and year): July 27 1896

7 AGE — Years: 30 Months: 0 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Austin Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Lily Louise Augt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mrs. Virginia Reynolds

(Address) 3916 Hartford Ave.

15 Filed AUG 5 - 1926

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10 1926 to Aug 4 1926

that I last saw her alive on August 3 1926

and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation & aortic Stenosis

(duration) 1 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? 1

Did an operation precede death? No Date of 1

Was there an autopsy? No

What test confirmed diagnosis? Aus. & Physomanom. + C.

(Signed) August Horn, M. D.

Augt. 19 26 (Address) 2868 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Aug 6 1926

20 UNDERTAKER: Wm. Fleischer Sons ADDRESS: Reisterstown Rd

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Jacob Buendgen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13008

E 13008

CERTIFICATE OF DEATH.

75-002

20-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 W Fayette St ST., WARD)

2-FULL NAME Jacob Buendgen

(a) RESIDENCE NO. 2617 W Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., If of foreign birth? 1 yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower Elizabeth Buendgen

6 DATE OF BIRTH (month, day, and year) Sept 11 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Buendgen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christian Waltemeyer

(Address) 2617 W Fayette St

15 Filed 8-3-1926 C. HARRISON JONES, M. D. Registrar

AUG 5 - 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-11, 1926, to 8-3-, 1926.

that I last saw h. alive on 8-1-26, 19

and that death occurred, on the date stated above, at 10.00 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos B. Hall, M. D.

, 19 (Address) Hoketon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 6 1926
20 UNDERTAKER Wm J Tuckner Sons	ADDRESS Norchester

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13009

CERTIFICATE OF DEATH.

91-002 E 13009

REGISTERED NO.

1-PLACE OF DEATH Hebrew

City of BALTIMORE: (No. Cheshahle Home St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Silverman

(a) RESIDENCE NO. 19 N. Hill St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Silverman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton of 370

(b) General nature of industry, business, or establishment in which employed (or employer) Hanover St

(c) Name of employer Congregation

9 BIRTHPLACE (city or town).....

(State or country) Russia

PARENTS

10 NAME OF FATHER David Silverman

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Russia

14 Informant Lewis

(Address) 1134 E Eutaw St.

Filed AUG 5 1926, 19.....

C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

aug 5 — 26

17

I HEREBY CERTIFY, That I attended deceased from

Aug 4, 1926, to Aug 4, 1926,

that I last saw h.. alive on Aug 4, 1926,

and that death occurred, on the date stated above, at 5-30 a. m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Samuel Rabinowitz, M. D.

, 19 (Address) 810 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hebrew Wash. Road — Date of Burial 8-5 19 26

20 UNDERTAKER Jack Lewis — ADDRESS 1134 Eutaw St

—WRITE PLAINLY. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13010

CERTIFICATE OF DEATH.

90 E 13010

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Standard Chemical Company.

City of BALTIMORE: (No. Curtis Bay. St. 5-1 Ward)

2-FULL NAME John A. Handy. (C)

(a) RESIDENCE NO. 140 East St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. ; ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, HUSBAND of XXXXXXXXXXXX Do not know.

6 DATE OF BIRTH (month, day, and year) February 13, 1871.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Eleanore Johnson. (C)

(Address) 140 East St.

15 Filed _____ 192__ C. HAMPSON JONES, M. D. Registrar

Per D.C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

I ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Leinhardt M. D. (Coroner)

8/3, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 8/5/ 1926

20 UNDERTAKER Byron Wright McCleery ADDRESS 218

N.B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13011

CERTIFICATE OF DEATH.

113 E 13011

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 N. Monument St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Drlois Brewer

(a) RESIDENCE NO. 713 N. Monument St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 28-1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Pointer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Leila Brewer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Leila Brewer
(Address) 713 N. Monument St

Filed AUG 5 - 1926 C. HAMPSON JONES, M. D.
Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/4 19 26

17 I HEREBY CERTIFY, That I attended deceased from aug. 4, 1926, to aug 4, 1926, that I last saw h[illegible] alive on aug 4, 1926 and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Auto- Toxemia

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Entero-Colitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Poppington, M. D.

8/4 19 26 (Address) 1014 Linden Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. Date of Burial aug 5/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Eutaw

N. B.—WHITE PAPER, BLACK INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13012

CERTIFICATE OF DEATH.

113

REGISTERED No. E 13012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Windsor Ave., ST. 15-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelia Coughlin

(a) RESIDENCE No. 2931 Windsor Ave., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph J. Coughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Loretta Hibbitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Joseph J. Coughlin
(Address) 2931 Windsor Ave.

15 Filed AUG 5 - 1926 (C. HAMPSON JONES, M. D.) Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 1926, to Aug. 4th. 1926.

that I last saw her alive on August 4, 1926

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

1 hour
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw. J Coughlin, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 5 1926

20 UNDERTAKER: Fred. Cramming & Son — ADDRESS: 517 N. Schroeder

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13013

E 13013

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 McCabe ST., Graves 27-9 WARD) 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J Anderson

(a) RESIDENCE NO. 748 McCabe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred each mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County (State or country) Md

PARENTS

10 NAME OF FATHER Thomas B Anderson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A Voorhees

13 BIRTHPLACE OF MOTHER (city or town) New Jersey (State or country)

14 Informant Rev J M Anderson

(Address) Ellicott City Md

Filed AUG 5 - 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Apl 1. 1926. to Aug. 4. 1926.

that I last saw her alive on Aug. 3. 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of May. 1926.

Was there an autopsy? no.

What test confirmed diagnosis? Operation

(Signed) Thos. C. Blake M. D.

. 19 (Address) 1014 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glyndmabria Cem. DATE OF BURIAL Aug 6 1926

20 UNDERTAKER George J Smith ADDRESS 532 Hollins

N. B.—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13014 E 13014

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 100-001 Registered No.....

City of BALTIMORE: (No. Lombard & Greene St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Stein

(a) Residence No. 2540 Francis St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Stein.

6-DATE OF BIRTH (month, day and year) Sept. 5-1861.

7-AGE. 65 yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Jacob Stein.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Orenberger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) M. Fordyce

(Address) 2540 Francis St.

15- Filed AUG 5 - 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 4, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1926 to Aug 4, 1926 that I last saw h. alive on August 4, 1926 and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tem Broncho Pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? (Excuse Various days)

Did an operation precede death? Yes Date of 7-22-26

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm C. Foldue M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Aug. 6, 1926

20-UNDERTAKER, Martin Fahey & Son W. Mt. Royal Ave. ADDRESS

In order to secure uniformity in returns, which is very important, see instructions on back of certificates. Exact statement of OCCUPATION is very important, and if it may be properly classified, state in plain terms, so that it

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13015

CERTIFICATE OF DEATH.

45

E 13015

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George Thompson

(a) RESIDENCE NO. 832 Fort Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Thompson

6 DATE OF BIRTH (month, day, and year) Jan 6. 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Phelps Co 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Wm. H. Thompson

11 BIRTHPLACE OF FATHER (city or town) Balto Md. (State or country)

12 MAIDEN NAME OF MOTHER Nellie J. Husband

13 BIRTHPLACE OF MOTHER (city or town) W. Va (State or country)

14 Informant Mrs. Thompson

(Address) Oakwood Md.

15 Filed ..... 19.. Registrar

AUG 5 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from August 2, 1926. to August 4, 1926.

that I last saw h alive on August 4, 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Transverse Colon.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 4, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Paul Schenker M. D.

(Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem DATE OF BURIAL Aug 7 1926

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Light

B.—WRITE PLAINLY, WITH INK. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13016 — REGISTERED NO. E 13016

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 S. CHARLES St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME RICHARD JETT.

(a) RESIDENCE NO. 1420 S. CHARLES St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1d. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE,

4 Color or Race: WHITE,

5 Single, Married, Widowed, or Divorced, (write the word): INFANT.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): AUG. 4, 1926

7 AGE — Years | Months | Days: 1

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: INFANT.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) BALTO. MD.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) CALVERT CO . MD.

12 MAIDEN NAME OF MOTHER MARIE CURLEY.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) BALTO. MD.

14 Informant: RICHARD JETT. SR. FATHER.

(Address) 1420 S. CHARLES ST.

C. HAMPSON JONES, M. D.

15 Filed AUG 5 - 1926, 19

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug 5, 1926

that I last saw him alive on Aug 4, 1926

and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Seven Month

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY
(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Signs

(Signed) J. W. Peterman M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Aug 5, 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E Ford Ave

DEATH—WHITE (Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13017

E 13017

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Fremont ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME "Baby" Riggs

(a) RESIDENCE NO. 1330 N. Fremont ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 8.5.26

7 AGE: Years — Months — Days: 10 minutes — If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED: —

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Elgie Riggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Olney Md

12 MAIDEN NAME OF MOTHER: Ethel Copeland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Olney Md

14 Informant: Ethel Copeland

(Address) 1330 N. Fremont

15 Filed 8-5-1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8.5 1926

17

I HEREBY CERTIFY, That I attended deceased from 8.5, 1926, to 8.5, 1926,

that I last saw him alive on 8.5, 1926,

and that death occurred, on the date stated above, at 1.10 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(6 1/2 mo)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Hughes, M. D.

, 19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 8-6-1926

20 UNDERTAKER: Commissioner of Health

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13018

CERTIFICATE OF DEATH.

90

E 13018

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 2827 Walbrook ave. 15-E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella V. B. Hoyt

(a) RESIDENCE NO. 2827 Walbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. B. Hoyt

6 DATE OF BIRTH (month, day, and year) Sept 7. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER James S. Blanchard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Harriet M. Skinner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Geo B. Hoyt

(Address) 2827 Walbrook Ave

15 Filed AUG 5 - 1926, 19 C. HAMPSON JONES, M.D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5 1926

17 I HEREBY CERTIFY, That I attended deceased from about, 1910, to August 5, 1926, that I last saw her alive on August 4, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart lesion

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) — yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) W B Hoyt, M. D.

8/5, 1926 (Address) 113 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington DC - DATE OF BURIAL Aug 7 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

N.B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13019

CERTIFICATE OF DEATH. 161-002

E 13019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S Paca ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Still born~~ Infant Spilari

(a) RESIDENCE NO. 520 S Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Still born

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-5-26

7 AGE Years Months Days If LESS than 1 day, ... hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt Md.
(State or country)

PARENTS

10 NAME OF FATHER Antoni Spilari

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Calcamuso

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Josephine Calcamuso
(Address) 520 S Paca St

15 8-5-1926 C. HAMPSON JONES, M. D.
Per ARR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5-1926

17 I HEREBY CERTIFY, That I attended deceased from 8-4-, 1926, to 8-5-, 1926, that I last saw him alive on 8-5, 1926, and that death occurred, on the date stated above, at 2:25 A. m.

The CAUSE OF DEATH* was as follows:

~~Still born~~

Difficult labor.

Birth premature.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. C. Jones M. D.

8-5, 1926 (Address) 1604 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 8/5 1926

20 UNDERTAKER Geo J Ruth

ADDRESS 1735 Harford ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS STATEMENT ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important See instructions on back of certificates.

G5 - 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13020

CERTIFICATE OF DEATH. 188-003

E 13020

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital, 26-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Novak

(a) RESIDENCE NO. Eastern Ave Extended Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Novak

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER John J Novak

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Betty Eccard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Mary Novak

(Address) Dock Creek Ewx

15 Filed C. HAMPSON JONES, M. D. Registrar

Per R.P.W.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture ? Parietal Extending around to Base ? Result of accident Auto Mobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Internal Injuries

from same (duration) yrs. mos. 2 ds.

(Signed) Jno. W. Pinkett M. D.

(Coroner)

Aug 4 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balto Co

Former or usual residence Balto Co

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Aug 6 1926

20 UNDERTAKER Hunt & Crook Son ADDRESS 1966 Baltimore

Jan 25 1926

Eastern Ave should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13021

CERTIFICATE OF DEATH.

90 E 13021

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 130 N Rose St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rynes

(a) RESIDENCE NO. 130 N Rose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Rynes

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 78 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Jacob Klava

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant: Mary Rynes

(Address) 130 N. Rose St

15 Filed 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4 1926 to Aug 5 1926

that I last saw h.... alive on Aug 4 1926

and that death occurred, on the date stated above, at 6-A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) with Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos A Crumbine M. D.

, 19 (Address) 1200 N Eutaw St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Aug 7 1926

20 UNDERTAKER: Frank Enoch & Son ADDRESS 1906 Eutaw

DO NOT ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

57

Spec.—1-10-21—M&T—1500 Bks.

E 13022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13022

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 Wilkens Ave St.) 20-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Allen

(a) RESIDENCE NO. 2714 Wilkens Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER J. Edward Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dora E. Kurtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J. E. Allen

(Address) 2714 Wilkens Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to August 5, 1926, that I last saw him alive on August 4, 1926, and that death occurred, on the date stated above, at 2. a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs 7 mos 3 ds.

CONTRIBUTORY (Secondary) Scarlet Fever

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

8/5, 1926 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL Aug 6 1926

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

5

Spec.—1-10-21—M&T—1500 Blks.

Lodge 5J58X

HEALTH DEPARTMENT—CITY OF BALTIMORE

A 100-001 E 13023

CERTIFICATE OF DEATH.

13023

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 7-1 WARD

2-FULL NAME David Dworman

(a) RESIDENCE NO. Worchester - Mass ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 40 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~of~~ Hannah Etta

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 0/6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Pearl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Dworman (Address) Worcester Mass

15 Filed AUG 6 - 1926 C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from 7-5, 19 26, to 8-5, 19 26, that I last saw h.. alive on 8-5, 19 26 and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic gangrene

(duration) ..... yrs. 7 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Yes Date of 7-6-26 7-27-26 amputation leg

Was there an autopsy? .....

What test confirmed diagnosis? Clin. Signs Autopt

(Signed) R. Peter Belsky M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Worcester Mass DATE OF BURIAL 19 26

20 UNDERTAKER Jack Lewis ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13024

CERTIFICATE OF DEATH.

12-1 117

E 13024

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., ... WARD)

2-FULL NAME Helen Rippman

(a) RESIDENCE NO. Millerstown — Pa. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. 8 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16 - 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher - 0 6

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Millersown.

9 BIRTHPLACE (city or town) (State or country) Penna -

PARENTS

10 NAME OF FATHER Charles Rippman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER (Confirmation) Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Millerstown, Pa. Chas Rippman

15 Filed AUG 6 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1926, to Aug 5th, 1926, that I last saw her alive on Aug 5th, 1926, and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis following appendicitis -

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 2nd

Was there an autopsy? No

What test confirmed diagnosis? None —

(Signed) Lewis A. de Tavares, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ellenport, Pa

DATE OF BURIAL Aug 6 1926

20 UNDERTAKER W. M. Cook

ADDRESS 507 E North Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13025 CERTIFICATE OF DEATH. 188-003 E 13025

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital ST. 26-9 WARD) REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Miller

(a) RESIDENCE NO. 334 Riverview Av ST. St. Helena Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Frances Miller

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Grocerer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS
10 NAME OF FATHER: John Miller
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Frances Miller
(Address) 334 Riverview Ave

Filed. AUG 6 - 1926 HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Examination (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture Spine at 3rd and 4th Vertebra fatal injuries sustained by fall Accident
(duration) yrs. mos 22 ds.
CONTRIBUTORY, (Secondary) End Broncho Pneumonia (duration) yrs. mos. 4 ds.

(Signed) James M Fenton, M. D. (Coroner)
8/5, 1926 (Address) 1 W Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death? Turkey Pt, Md most prob
Former or usual residence 333 St Helena Av

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 8/7 1926

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

1924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13026

CERTIFICATE OF DEATH.

101-9 13026 1882

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1819 Lemmon St., WARD) 15-12

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Dyson

(a) RESIDENCE NO. 1819 Lemmon St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Priscilla Dyson

6 DATE OF BIRTH (month, day, and year): March 7/1885

7 AGE: Years 41 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Mary's Co

PARENTS

10 NAME OF FATHER: John Dyson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sally Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Butler
(Address): 1819 Lemmon St.

15 Filed AUG 6 - 1926 C. HAMPSON JONES, M. D. Registrar

Past

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) D. T.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Hennessy, M. D.
(Coroner.)

8/4/26, 192 (Address) 2801 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns | DATE OF BURIAL: Aug 7th 1926

20 UNDERTAKER: Edmonds & Dwight | ADDRESS: 1364 Mary

TION IS very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

193397 E 13027

CERTIFICATE OF DEATH.

1-1 113 E 13027

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

REGISTERED NO.

City of BALTIMORE: (No. ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian Slowikowski

(a) RESIDENCE NO. 2213 Banks St St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 8 1926

7 AGE: Years ____ Months 6 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 Mos

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ____

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer

9 BIRTHPLACE (city or town): ____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Slowikowski

11 BIRTHPLACE OF FATHER (city or town): ____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Antonina Winicka

13 BIRTHPLACE OF MOTHER (city or town): ____

(State or country) Md

14 Informant ____

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____ 19 ____ Records S. HAMPSON JONES, M. D. Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jul 15, 1926, to Aug 5, 1926, that I last saw him alive on Aug 5, 1926, and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Marasmus; Enterocolitis

(duration) ____ yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) ____ yrs. ____ mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Aug 5

Was there an autopsy? Yes Mastoiditis

What test confirmed diagnosis?

(Signed) Thomas W. Cormall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial Aug 7 1926

UNDERTAKER: George A Weber ADDRESS 2205 Banks St

Be sure to be strictly accurate. All questions must be answered. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UG6 - 1926

Spec.—1-10-21—M&T—1500 Bks.

Fliggins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13028

CERTIFICATE OF DEATH. 16-10p-001

REGISTERED NO. 13028

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Fliggins

(a) RESIDENCE No. 308 N. Amm ST., WARD Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Fliggins

6 DATE OF BIRTH (month, day, and year) ? 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Bent Fliggins

11 BIRTHPLACE OF FATHER (city or town) ? Va (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Carter

13 BIRTHPLACE OF MOTHER (city or town) ? Va (State or country)

14 Informant City Hospital Records (Address)

15 Filed AUG 6 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 2 1926

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1926, to August 2, 1926, that I last saw h[illegible]live on August 2, 1926, and that death occurred, on the date stated above, at 9:10 a m.

The CAUSE OF DEATH* was as follows:

Acute nephritis.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christiansburg

DATE OF BURIAL aug 6 1926

20 UNDERTAKER Edward Boyson

ADDRESS 1631 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13029 E 13029

CERTIFICATE OF DEATH

8-4117

REGISTERED NO.....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Gaitley

(a) RESIDENCE No. 2011 East Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Gaitley.

6 DATE OF BIRTH (month, day, and year) Sept 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	72	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Brigon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Brigon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant John F. Gaitley (Address) 2011 E. Biddle St.

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1926, to Aug 4, 1926, that I last saw h.r alive on Aug 4, 1926, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Acute perforated appendicitis
Generalized peritonitis.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? (Exploratory Laparotomy

Did an operation precede death? Yes Date of Aug 4, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm C. Holland, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Aug 5 1926
20 UNDERTAKER	ADDRESS
Sauers - J. Ruth	1735 Hanford Ave.

CAUSE OF DEATH. TION is very important See instructions on back of certificates.

G6

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-001 E 13030

20-3

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2442 Lauretta Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Cammarata

(a) Residence No. 2442 Lauretta Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatora Cammarata

6-DATE OF BIRTH (month, day and year) Aug 10th 1868

7-AGE. 52
58 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Merchant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Thomas Cammarata

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Kate Libarta

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Italy

14- (Informant) Thomas Cammarata

(Address) 2442 Lauretta Ave

15- Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

AUG - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-5-26

17- I HEREBY CERTIFY, That I attended deceased from 7-30-, 1926, to 8-5, 1926, that I last saw h[illegible] alive on 8-4, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic arteriosclerosis with Hypertension - Cerebral Hemiplegia

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemiplegia

(Duration)..... yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Demarco M. D.

8-5, 1921 (Address) 1604 Linden Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral — DATE OF BURIAL. Aug 7th 1926

20-UNDERTAKER. Frank V. Lipitone — ADDRESS 2818 E. Balto st

In plain writing, as more specific instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13031

CERTIFICATE OF DEATH 23-166

E 13031
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthews Eccleston

(a) RESIDENCE NO. 121 Winter ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elvira Eccleston

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Wm. Miller

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant City Hospitals Records
(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/4 1926

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1926, to August 4, 1926.

that I last saw h living on August 4, 1926

and that death occurred, on the date stated above, at 5:15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ? ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Lab.

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL Aug 7 1926

20 UNDERTAKER R. L. Parham — ADDRESS 906 Leadenhall St

C. HAMPSON JONES, M. D.

UG6 Filed 1926 19 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13032

CERTIFICATE OF DEATH.

5—132 E 13032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 E Lexington ST., WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Mooring

(a) RESIDENCE NO. 120 N Edew ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3 1925

7 AGE — Years | Months: 9 | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Isaac Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Katie Mooring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Katie Mooring mother

(Address) 120 N Edew st

15 Filed AUG 6 1926 HAMPSON JONES, M. D. Registrar

By L.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug 5, 1926,

that I last saw him alive on Aug 4, 1926,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Mooring, M. D.

8/5. 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cem DATE OF BURIAL: 8/6 1926

20 UNDERTAKER: Byron Wright ADDRESS 1218 N Caldey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13033 — 38 — E 13033

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1451 Ward ST. 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hawkins

(a) RESIDENCE. No. 1451 Ward ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Hawkins

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Garage

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Allen Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Miranda Cogen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Nathan Hawkins (Address) 1451 Ward St.

15 C. HAMPSON JONES, M. D. Registrar

19 AUG 6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/1926

17 I HEREBY CERTIFY, That I attended deceased from 8/4/26 to 8/6/26.

that I last saw him alive on 8/5/26.

and that death occurred, on the date stated above, at 2:20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Acute

Chronic Parenchymatous Nephritis (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Sam Gourley, M. D.

8/6/19 26 Address 2908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	8/9/26

20 UNDERTAKER Samuel Easton ADDRESS 916 Paca

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 13034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7H-001

12-3

E 13034 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2426 N. Calvert St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard H. J. Magill

(a) RESIDENCE NO. 2426 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Readmond

6 DATE OF BIRTH (month, day, and year) Mar. 25, 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St. Mary's Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander Magill

11 BIRTHPLACE OF FATHER (city or town) St. Mary's Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Abell

13 BIRTHPLACE OF MOTHER (city or town) St. Mary's Co.

(State or country) Maryland

14 Informant Miss Ethel C. Magill

(Address) 2426 N. Calvert Street

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/4 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) ... M. D. (Coroner)

8/5, 19 25 (Address) 632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Chr. Cem. St. Mary's Co. Md. Date of Burial 8/7 19 26

20 UNDERTAKER Henry Ed. Means & Son ADDRESS 805 N. Calvert St

AUG 5 - 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13035 — 1275-00 — E 13035

1 PLACE OF DEATH — 22nd. — REGISTERED NO.

CITY OF BALTIMORE: (No. 13 East 22 St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Randall

(a) RESIDENCE NO. 13E 22 ST., WARD — Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? 66 yrs. 10 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White. — 5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel H Randall

6 DATE OF BIRTH (month, day, and year): Sept 24 1859

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Hugh Sessors

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Sarah Gilpin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): S H Randall (husband) 1325 N. St.

15 Filed AUG 6 - 1926, 19 .... Per .... C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1926, to Aug 5 1926, that I last saw h[illegible] alive on Aug 5 1926 and that death occurred, on the date stated above, at 12,20 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Hemiplegia (duration) ....yrs. 6 weeks ....ds.

18 Where did death occur? ....if not at place of death? Home Duke Pneumonia

Did an operation precede death? .... Date of ....

Was there an autopsy? ....

What test confirmed diagnosis? Physical

(Signed) T A Kyser M. D.

19 (Address) Wentworth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug 6 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY — ADDRESS: 108 W. NORTH AVE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13036

CERTIFICATE OF DEATH.

29 E 13036

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ST. Joseph Hospital St., Ward) 24-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maddie Dorrett McQuigg

(a) RESIDENCE NO. 1709 Belt Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William McQuigg

6 DATE OF BIRTH (month, day, and year) Sept 30/1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
34 35	35	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine-hand

(b) General nature of industry, business, or establishment in which employed (or employer) Buck Glass Co

(c) Name of employer 841 E. Fort Ave

9 BIRTHPLACE (city or town)

(State or country) Chester Pa.

PARENTS

10 NAME OF FATHER Gabriel W Hays

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Harford Co. Md

12 MAIDEN NAME OF MOTHER Mary E Hays

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Chester Pa

14 Informant Mary E. Hays

(Address) Mt. Washington Md

Filed 19

C. HAMPTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus-3 days. (Accidental)

Rt. forefinger cut off in assembling machine at Buck Glass Co on July 20/26 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Bailes M. D.

(Coroner)

8/6/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn Date of Burial Aug 7 1926

20 UNDERTAKER Mary E Lawrence ADDRESS 2217 Kayser ave

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 5 1926

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13037
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

17-129

E 13037
REGISTERED NO.

City of BALTIMORE: (No. 811 Edmondson Ave St., Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Henson

(a) RESIDENCE NO. 811 Edmondson Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Eliza Henson

6 DATE OF BIRTH (month, day, and year) Dec 23 - 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto cleaner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Jacob Henson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Matcown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Matcown

14 Informant Eliza Henson

(Address) 811 Edmondson Ave

15 Filed AUG 6 1926 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to August 4, 1926, that I last saw h~~im~~ alive on August 4, 1926, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) about 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) several yrs. mos.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Edwin R. Ballard, M. D.

, 19 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Aug 6 1926

20 UNDERTAKER Samuel H Hensley ADDRESS 1778 N Bellville

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13038

CERTIFICATE OF DEATH.

15-457E 13038

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3512 Powhatan Ave ST. – WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Ciotti

(a) RESIDENCE NO. 3512 Powhatan Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Ciotti.

6 DATE OF BIRTH (month, day, and year): Aug 15, 1871

7 AGE — Years: 54 — Months: 11 — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Paul Vincenti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Hector J. Ciotti.

(Address): 3726 Woodland Ave

15 AUG 6 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-4-1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1926, to Aug 4, 1926, that I last saw h[er] alive on Aug 4, 1926, and that death occurred, on the date stated above, at noon m.

The CAUSE OF DEATH* was as follows:

Diabetes Gangrene

(duration) yrs. mos. 2 1 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical

(Signed) Standish McCleary, M. D.

, 19 (Address) 1609 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 7 19

20 UNDERTAKER: Fred. A. Kramer — ADDRESS: 703 Ham

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13039

CERTIFICATE OF DEATH.

24-31

E 13039

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 William ST., — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie E. Kelly.

(a) RESIDENCE NO. 1500 Henry ST., — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward C. Kelly. Sept. 7th 1902

6 DATE OF BIRTH (month, day, and year): Sept. 7th 1902

7 AGE: Years 23 Months 10 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Thomas Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Edw. C. Kelly 1500 Henry St

15 Filed AUG 6 - 1926 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 4 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to August 4, 1926, that I last saw her alive on July 30, 1926, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Harry Diehl, M. D.

8/6, 1926 (Address) 1224 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westlin Cemetery — DATE OF BURIAL: Aug. 7 1926

20 UNDERTAKER: F. A. Swansdale — ADDRESS: 703 S. Hanover

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13040

CERTIFICATE OF DEATH.

9 E 13040

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST., WARD) 13-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edw. Kane

(a) RESIDENCE No. 2614 Stevens Court ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER J. L. Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Agnes Bolanki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) J. L. Kane 2614 Stevens Court

15 Filed AUG 6 - 1926 Registrar

16 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from August 4. 1926 to Aug 5 1926, that I last saw h[illegible] alive on Aug 5 1926, and that death occurred, on the date stated above, at 5 45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

, 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Aug

DATE OF BURIAL 6 1926

20 UNDERTAKER Wm Cook

ADDRESS .....

CAUSE OF DEATH must be given in plain terms, so that it may be understood. TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13041

CERTIFICATE OF DEATH. 101-001 E 13041

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Square Hospital ST., WARD 13-5

2-FULL NAME Walter Reese

(a) RESIDENCE NO. 127 W. 20th ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Marie Reese

6 DATE OF BIRTH (month, day, and year): June, 1896

7 AGE: Years 30 | Months 2 1 | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldier 886

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Atlanta, Ga

PARENTS

10 NAME OF FATHER: Walter Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Hattie Beal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

14 Informant: Marie Reese

(Address): 127 W. 20th

15 AUG 6 - 1926 CHAMP[illegible] JONES, M. D. Registrar

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1926, to Aug. 3, 1926;

that I last saw him alive on Aug. 3, 1926.

and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left)
Pleurisy with effusion

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. W. Koons (per J. Metzger) M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Aug 6 1926

20 UNDERTAKER: Mrs R. A. Elliott

ADDRESS: 1726 Ashland Ave

CAUSE OF DEATH to plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 13042

CERTIFICATE OF DEATH.

38 E 13042

1-PLACE OF DEATH Johns Hopkins Hospital 21-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. ____ St., ____ Ward)

2-FULL NAME Dolores Johnson

(a) RESIDENCE NO. 1009 Rhine St St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3 mos.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) ____

(State or country) Baltimore - Md

PARENTS

10 NAME OF FATHER McKinley C. Johnson

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Collins

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md -

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed AUG 6 - 1926 THOMPSON-JONES CO. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 26, to Aug 5 26, 19 26, that I last saw h[illegible] alive on Aug 5 1926, and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

a. Congenital Syphilis

Duration 3 mos. 10 ds.

CONTRIBUTORY Malnutrition

(Secondary)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted Home

If not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Thomas W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Albion Cemtery Date of Burial 8/6 1926

20 UNDERTAKER Walter B. Spriggs ADDRESS 139 W. Hamburg St.

OF DEATH in plain terms, so that it may be properly classified. Large handwriting or printing very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13043 CERTIFICATE OF DEATH. 45 E 13043

1-PLACE OF DEATH Methodist Home REGISTERED NO. 20-5

CITY OF BALTIMORE: (No. Fulton Ave & Franklin St., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Harding

(a) RESIDENCE No. Fulton Ave & Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	11	28 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Ridgeway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Etta Cruddy
(Address) 400 N Fulton Ave

15 Filed Aug 6 19 26 C. HAMPSON JONES, M. D. Registrar

G6 - 1025 Pat

CAUSE OF DEATH must be given. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1 19 26 to Aug 6 19 26 that I last saw h[illegible] alive on Aug 5 19 26 and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Colon

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) same

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. W. Kiefer M. D.

Aug 6 19 26 (Address) 2320 Druid Park Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Aug 7 1926
20 UNDERTAKER George J. Smith	ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Bks.

04459 M. Gil

E 13044 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13044

CERTIFICATE OF DEATH.

123

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) ST., (WARD) 20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. William A. Koontz

(a) RESIDENCE NO. 307 Augusta Ave. (Irvington) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mrs. Wm Koontz

6 DATE OF BIRTH (month, day, and year): Jan 12/1841

7 AGE: Years 85 Months 6 Days 24 25 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Adamstown Md.

PARENTS

10 NAME OF FATHER: William Koontz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Adamstown Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Troxell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rev. R. A. Koontz. Deceased (Address): 1000 W 38th St

15 Filed ....., 19.... C. HAMPSON JONES, M. Registrar

Per .....

8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 - 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 7 - 17, 1926, to 8 - 6, 1926, that I last saw h/M alive on Aug. 8, 1926, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Nephremia (Chronic)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-19-26

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Aug 9 1926

20 UNDERTAKER: George J. Smith

ADDRESS 158 Hollins

CAUSE OF DEATH in plain terms. Statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-00 | E 13045

E 13045

REGISTERED NO. 9-55

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospt ST., WARD)

2-FULL NAME Georgett F Hamp X.

(a) RESIDENCE NO. 1244 Hargrett Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 (Single), Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7/1/1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	1	5	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jno Hampton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Flora Kennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Jno Hampton (Address) 1244 Hargrett Lane

15 Filed AUG 6 - 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6-26

17 I HEREBY CERTIFY, That I attended deceased from 8-5-26, 19..., to 8-5-26 19..., that I last saw h[illegible] alive on 8-5-26, 19..., and that death occurred, on the date stated above, at 11 35 P m.

The CAUSE OF DEATH* was as follows:

Acute Mania

(duration) yrs. mos ! ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. ! ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno B Hampton Jones M. D.

, 19... (Address) 1244 Hargrett Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Conn.

DATE OF BURIAL 8 | 7 | 1926

20 UNDERTAKER George J Ruth

ADDRESS 1738 Harford Ave

CAUSE OF DEATH must be filled in plainly, and TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 13046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13046

CERTIFICATE OF DEATH.

46

6-1

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sciai Hospital ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bessie Morris

(a) RESIDENCE NO. 1632 E. Balto; ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Harman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Morris (Address) 1632 E Balto st

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 5 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to Aug 5, 1926.

that I last saw h[illegible] alive on Aug 5, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary,

Carcinomatosis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 4-26

Was there an autopsy? No

What test confirmed diagnosis? Exploratory Lapar.

(Signed) [illegible] M. D.

8/5 1926 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Adath Herring Run

DATE OF BURIAL 8/6 1926

20 UNDERTAKER [illegible] & Bro

ADDRESS 1127 E Balto st

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

66 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13047

E 13047

CERTIFICATE OF DEATH

REGISTERED NO. 46

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Coraline & Oliver ST., WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME mrs margaret Hayden

(a) RESIDENCE No. 2315 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Dunphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jos P. Humphreys

(Address) 2315 E Biddle

15 Filed AUG 8 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5/26 1926.

17 I HEREBY CERTIFY, That I attended deceased from 8/3/26, 1926, to 8/5/26, 1926; that I last saw h alive on 8/5/26, 1926 and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary.

(duration) — yrs. — mos. ds.

CONTRIBUTORY (Secondary) Chronic endocarditis (duration) 4 yrs. mos.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of 8/5/26

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Microscopic

(Signed) H. R. M. Cornell, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 8/7/ 1926

20 UNDERTAKER E. J. Fanning & Son - 1916 E. Lafayette

ADDRESS

CAUSE OF DEATH must be given plainly, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13048

CERTIFICATE OF DEATH.

84 E 13048

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 913 N. Fayette St., Ward 18-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Blanck

(a) RESIDENCE NO. 913 N. Fayette. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29-1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	1	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John Blanck.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie C. Folmer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John Blanck Jr.

(Address) 913 N. Fayette St.

Filed ..... 19..... C. HAMPSON JONES, M. D.

Registrar

Per R.A.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from ✓, 1922, to Aug 4th, 1926,

that I last saw her alive on August 4th, 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans.

about 4

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY —

(Secondary)

Paralysis agitans about (duration) 4 yrs. ....mos. ....ds.

18 Where was disease contracted —

If not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) William Budeker, M. D.

, 19 (Address) Mayfield Ave, Halethorpe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: Aug 7, 19 26

20 UNDERTAKER: Mc Nus. John N. Teufel & Son ADDRESS: 801 N Fayette

OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is very important. See instructions on back of certificates.

99nv

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13049

CERTIFICATE OF DEATH.

23-2 74-001 E 13049

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 134 Birckhead St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME S. Amanda Mates.

(a) RESIDENCE NO. 134 Birckhead St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 8 mo. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced (or) WIFE of William J. Mates.

6 DATE OF BIRTH (month, day, and year) November 15, 1865.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	61	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Israel Mick.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New Jersey.

12 MAIDEN NAME OF MOTHER Nancy Briant.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey.

14 Informant Martha J. Roberts. (sister)

(Address) 407 E. Gittings St.

Filed ..... 19 ..... C. THAMPSON JONES, M. D. Registrar

AUG 6 - 1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

8/5. 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Date of Burial 8/7 1926

20 UNDERTAKER J. J. Fahey Sons ADDRESS 131 E. Eight St.

OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13050

CERTIFICATE OF DEATH.

13-6 74-001 E 13050

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2204 Park Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hiram Winternitz

(a) RESIDENCE NO. 2204 Park Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Winternitz

6 DATE OF BIRTH (month, day, and year) Feby. 19, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	6 5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant 45

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Howard County,

(State or country) ?Md.

PARENTS

10 NAME OF FATHER Charles Winternitz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria.

12 MAIDEN NAME OF MOTHER Wilhemena Bloch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Mr. Hiram Winternitz Jr.

(Address) Philadelphia, Pa.

15 Filed _____ 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Aug 5, 1926

that I last saw him alive on Aug 4, 1926

and that death occurred, on the date stated above, at 9 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis.

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur H. Tellenpeck, M. D.

, 19 (Address) 924 North Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Har Sinai Cemetery	8/6/ 1926

20 UNDERTAKER David Sondheim ADDRESS 118-20 W. Mt. Royal Ave.

AUG 6 - 1926

OF DEATH in plain terms, so that it may be properly understood. Every statement is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13051

CERTIFICATE OF DEATH.

13 7 45 001 E 13051

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 Parkwood Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Lingan.

(a) RESIDENCE NO. 2719 Parkwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wm. E. Lingan.

6 DATE OF BIRTH (month, day, and year): Sept. 28-1860

7 AGE: Years 65 66 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Lynch.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: J. E. Lingan.

(Address): 3755 Morley St.

15 Filed AUG - 1926

C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Aug 4, 1926, that I last saw h Alive on Aug 4, 1926, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis. Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas J. Hall M. D.

, 19 (Address) 467 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Aug 7 1926

20 UNDERTAKER: Martin Fahey & Sons | ADDRESS: 827 W. Watt Lane

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 E 13052

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 N Charles St.; 22 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hopkins 22-2

(a) RESIDENCE. No. 730 N Charles St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	Col.	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/1/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER Josie Hopkins

11 BIRTHPLACE OF FATHER (city or town) Seattle Wash.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Berry

13 BIRTHPLACE OF MOTHER (city or town) Wash. Pa.
(State or country)

14 Informant Anna Hopkins
(Address) 730 N Charles St.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

AUG 6 - 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5/26

17 I HEREBY CERTIFY, That I attended deceased from 8/1/26, to 8/5/26, that I last saw h... alive on 8/5/26, and that death occurred, on the date stated above, at 11.00 A m.

The CAUSE OF DEATH* was as follows:

Acute yellow atrophy of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/6, 19 26 (Address) 908 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion ct	Aug 6 - 1926
20 UNDERTAKER	ADDRESS
A L Brown & Son	108 W. Monty

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-23 E 13053

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 Hughes St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Brown

(a) Residence No. 105 Hughes St

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William Brown

6-DATE OF BIRTH (month, day and year) Aug 16-1893

7-AGE, 32 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Carroll

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Annie —

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14-

(Informant) William Brown

(Address) 10 S Hughes St

15-

Filed AUG 6 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 5th 26

17- I HEREBY CERTIFY, That I attended deceased from July 3, 19.26, to Aug 5, 19.26,

that I last saw h.e.r. alive on Aug 5, 19.26,

and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. 3 mos. — ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) W. H. Crooks, M. D.

, 19 (Address) 655 W Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cr | DATE OF BURIAL, Aug 8, 19.26

20-UNDERTAKER, J. L. Brown & Son | ADDRESS 1100 Mulberry St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13054

CERTIFICATE OF DEATH.

113 E 13054

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto. General Hospital ST., WARD) 23-1

2-FULL NAME Irma Brown

(a) RESIDENCE NO. 1000 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 31 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Henry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Lola Strong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S C

14 Informant: Lola Brown

(Address) 1000 Leadenhall St.

C. HAMPSON JONES, M. D.

AUG 6 - 1926 per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to 8 P M Aug 5, 1926.

that I last saw her alive on Aug 5, 1926,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatism

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Symptoms & Lab.

(Signed) Benjamin Miller, M. D.

, 19 (Address) 1 E B. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	Aug 6 1926
UNDERTAKER	ADDRESS
L. L. Brown & Son	1018 N. Monroe

SECTION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13055 ✓ E 13055

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 137 W Henrietta St. Ward 23—

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 132 W Boone

(a) RESIDENCE. No. 137 W Henrietta St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/6/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	6 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Harrison Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Etta Bannister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Etta Boone

(Address) 137 W Henrietta St.

15 Filed AUG 6 - 1926 16 C. HAMILTON JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/26

17

I HEREBY CERTIFY, That I attended deceased from 8/6, 1926, to 8/6, 1926, that I last saw her alive on 8/6, 1926, and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Premature labor (no other history) possibly heat?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature labor

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/6/26 (Address) 908 Shard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	Aug 6 1926
20 UNDERTAKER	ADDRESS
J. E. Brown & Son	Windsor

*THIS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

19435-2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13056

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 14—1 WARD)

2-FULL NAME Leon Smith

(a) RESIDENCE No. 1521 Myrtle Ave ST., Balto WARD Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Matthew Smith

11 BIRTHPLACE OF FATHER (city or town) Ga. (State or country)

12 MAIDEN NAME OF MOTHER Martha Richardson

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records

(Address) .....

15 Filed AUG 6 1926 Per .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Aug 5, 1926, that I last saw him alive on Aug 5, 1926, and that death occurred, on the date stated above, at 5-50 P.m.

The CAUSE OF DEATH* was as follows:

Endocarditis, pneumonia, peritonitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Alexander McLaughlin, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 8/7/1926

UNDERTAKER: Mrs Mrs. H. Holland — ADDRESS: 1601 Druid Hill

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 13057

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., (WARD) 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Harrison

(a) RESIDENCE NO. 1443 N. Mount st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bootblack

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Richard Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Alice Manning

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to Aug. 3, 1926, that I last saw him alive on Aug. 3, 1926, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. Gallen, M. D.

8-3-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13058 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13058

CERTIFICATE OF DEATH.

161-201
6-3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital ST. WARD)

2-FULL NAME No name Premature, MASLIN

(a) RESIDENCE NO. 432 N Kenwood Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 20-26

7 AGE — Years — Months — Days: 1 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Maslin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lillian Trust

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mother (Address): Same

15 Filed ..... 1926 C. THOMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 20, 1926, that I last saw h[illegible] alive on July 20, 1926, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benj O Wilson M. D.

7/26 1926 (Address) 4000 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Cor.—1-12-23—M&T—100 Blks.

E 13059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13059

CERTIFICATE OF DEATH.

129 V

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1722 N. Strick ST., 16 WARD)

2-FULL NAME William Carroll

(a) RESIDENCE NO 1722 N. Strick St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	m

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucinda Carroll

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gener
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Henry Carroll

11 BIRTHPLACE OF FATHER (city or town) Md,
(State or country)

12 MAIDEN NAME OF MOTHER Mahon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Lucinda Carroll
(Address) 1722 N. Strick

Filed ... 192 C. EMPSON JONES Registrar

For ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Inter. Nephritis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Nunnery, M. D.
(Coroner.)

8/5/ 1924 (Address) 2 E Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Town DATE OF BURIAL 8-7 1924

20 UNDERTAKER Sam Good Son ADDRESS 1405 W Mad

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13060 E 13060

CERTIFICATE OF DEATH. X 24

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert + 33d ST., | 7 | WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Hinton

(a) RESIDENCE NO. Ruxton Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Russell Hinton

6 DATE OF BIRTH (month, day, and year) May 2, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	3	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Edward Hinton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Stonus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant U. M. H. Records.

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RSH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17

I HEREBY CERTIFY, That I attended deceased from August 3, 1926, to August 4, 1926, that I last saw him alive on August 4, 1926, and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Meningitis epidemic meningococcus

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ruxton Md?

Did an operation precede death? no Date of

Was there an autopsy? yes. autopsy.

What test confirmed diagnosis? clinical lab. methods

(Signed) Frankl. Smith, Jr. M. D.

. 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Aug 7th 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 13061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13061

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH St. Joseph's Hospital, REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD 1-3

2-FULL NAME John Mc Lynn

(a) RESIDENCE No. 6247 N. Kenwood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Mc Lynn

6 DATE OF BIRTH (month, day, and year) Sept 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Foreman 186

(b) General nature of industry, business, or establishment in which employed (or employer) Mutual Chem + penitentiary

(c) Name of employer Md Yards

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Michael Mc Lynn

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Bridget Seymour

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Mary E. Kuehn

(Address) 6241 N. Kenwood Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-2, 1926, to 8-4, 1926

that I last saw h. alive on 8-4, 1926

and that death occurred, on the date stated above, at 7 05 a. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Ruptured Bladder

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-3-26.

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy.

(Signed) A. L. McAnally, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 8/7/1926

20 UNDERTAKER J. J. Moran

ADDRESS 3000 E. Baltimore

CAUSE OF DEATH must be plainly stated. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 13062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13062

CERTIFICATE OF DEATH

20-32

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Tyndhurst ST., ... WARD 1

2-FULL NAME Edw. J. Curran

(a) RESIDENCE NO. 511 Tyndhurst ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth F. Curran

6 DATE OF BIRTH (month, day, and year) Feb 7 - 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 209

(b) General nature of industry, business, or establishment in which employed (or employer) Lawyers Office

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Thos. E. Curran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire

14 Informant Ruth F. Curran

(Address) 511 Tyndhurst St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 5 , 1926 , to Aug 6 , 1926 ,

that I last saw h[illegible] alive on Aug. 4 , 1926 ,

and that death occurred, on the date stated above, at 5 7 P.M. a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis meningitis

(duration) ..... yrs. ..... mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs and symptoms

(Signed) J. T. Shemwell, M. D.

Aug. 6, 1926 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pen Calvert Cem

DATE OF BURIAL 8/9 1926

20 UNDERTAKER J. J. Moran & Bro.

ADDRESS 3600

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

NAVRATIL

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13063 E 13063

CERTIFICATE OF DEATH.

41

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. ST., ... WARD) 8-3

2-FULL NAME Edward Navertil Sr.

(a) RESIDENCE NO. 152 Chapel St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Navertil

6 DATE OF BIRTH (month, day, and year) May 15, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	7	19	
			20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Cyrill Navertil

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Moravia

12 MAIDEN NAME OF MOTHER Mari Rok

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Moravia

14 Informant Julia Navertil
(Address) 152 Chapel

15 Filed 6-1926, 192 C. HAMPSON JONES, M. D. Registrar
Per MRN

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General septicaemia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Probable influenza

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

June 7, 192 (Address) 2802 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loly Redeemer DATE OF BURIAL June 8 1926

20 UNDERTAKER Frank Enoch & Son ADDRESS 1906 Gorsuch

Cor.—12-9-25—A Co.—200 Bks.

(Herrera)

E 13064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001 E 13064

REGISTERED NO. 13—14

1-PLACE OF DEATH

City of BALTIMORE: (No. 4010 Roland ave St., 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gillain Fr. Herrera

(a) RESIDENCE NO. 4010 Roland ave St. 43 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 18 1888

7 AGE: Years 46 Months 2 Days 17 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.

(State or country) Harrisonville

PARENTS

10 NAME OF FATHER John Herrera

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Spain

12 MAIDEN NAME OF MOTHER Susanne Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co Md

14 Informant Estella Herrera

(Address) 4014 Roland Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R.P.S.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and from other sources I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poison

Suicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John H. Morrison M. D.

(Coroner)

8/5, 1926 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL Wards Chapel Date of Burial AUG 7 1926

20 UNDERTAKER Geo W. Little ADDRESS 2700 VERMONT AVE

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13065 E 13065

CERTIFICATE OF DEATH

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Hanover St., Ward 8)

2-FULL NAME Jno Jackson

(a) RESIDENCE NO. 1135 Hanover St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
M	W	Wid.

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Jackson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Julia A Muse

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs Chas A Anderson
(Address) Same place

15 Filed 6-1926 C. HAMPSON JONES, M. D. Registrar
Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5/26 19

17 I HEREBY CERTIFY, That I attended deceased from 8/4/26, 19..., to 8/5/26, 19...,
that I last saw h— alive on 8/5/26, 19...,
and that death occurred, on the date stated above, at 1 1/2 a m.

The CAUSE OF DEATH* was as follows:

Cerebro Vascular Lesions

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jno A Anderson M. D.

19 (Address) 1135 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL AUG 7 19 1926

20 UNDERTAKER Geo W Little

ADDRESS 2708 Reisterstown Ave.

TION is very important. See instructions on back of certificates.

Spec. 306 1021—M&T—1500 Bks.

E 13066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13066

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 23 WARD) 2

2-FULL NAME Henry Irvin Jackman

(a) RESIDENCE NO. 2140 S Charles ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balt
(State or country)

PARENTS

10 NAME OF FATHER Henry Irvin Jackman

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Virginia Comack

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 - 1926 19 G. HAMPSON JONES, M. D. Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 31st, 1926, to Aug. 6th, 1926, that I last saw him alive on Aug 6th, 1926, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Ulcerative Stomatitis
Septicemia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Secondary Anemia ?

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Sladen Schaffer, M. D.

(Address) The Johns Hopkins Hosp. 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Aug 7 1926

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fayette

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13067

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2724 E. Chase St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellwood Robert Prettingham

(a) Residence No. 2724 E. Chase St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec-10-1925

7-AGE.	If LESS than 1 day,
.....yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Ellwood Prettingham

11-BIRTHPLACE OF FATHER (city or town) Somerset Co (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Lena Layfield

13-BIRTHPLACE OF MOTHER (city or town) Somerset Co (State or Country), Maryland

14- (Informant) Mrs. Lena Prettingham

(Address) 2724 E. Chase St.

15- Filed Aug 7 1926 C. HAMPSON JONES, M. D. Registrar.

Per ACB

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug-6-26

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1926 to Aug 6 1926

that I last saw him alive on Aug 5 1926

and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

(b)

(c)

(Duration) ....yrs. mos. 1 4 ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ....yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Ralph L Smyth M. D.

, 19 (Address) 26 E Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Aug 7 1926
20-UNDERTAKER.	ADDRESS
Hughes & Jones Inc	421 N Broadway

Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Dr Fischer, 332 So Pat Ph Gus

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13068

CERTIFICATE OF DEATH.

129

E 13068

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 225 S Duncan St., ___ Ward ___

2-FULL NAME Louis E Everd

(a) RESIDENCE NO. 225 S. Duncan St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Everd

6 DATE OF BIRTH (month, day, and year): Oct 1873

7 AGE: Years 53 | Months 10 | Days – | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Robert Everd

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Huser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Agnes Everd

(Address): 225 S. Duncan St

15 Filed____ C. HAMPSON JONES, M. D. Registrar

6 - 1926 Per____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Aug 4, 1926

that I last saw h.. alive on July 4, 1926

and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Arterio Sclerosis

Chronic Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Bernard Fischer, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — Date of Burial: Aug 7 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 507 E North Ave

very important. See instructions on back of certificate.

E 13069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-2167-E 13069

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1224 James St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Thomas

(Residence in Baltimore: No. 1224 James St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: May 31st 1869 (Month) (Day) (Year)

7-AGE: 57 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosel Thomas

(Address) 1224 James St.

15- C. HAMPSON JONES, M. D.

Filed ..... Per 192..... Registrar.

1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. J. Horn M. D.
(Coroner.)

Aug 7th 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Aug 7 1926

20-UNDERTAKER: Jos Joerpens & Son ADDRESS 217 S. Paca St.

Spec.—1-10-21—M&T—1500 Blks.

E 13070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13070

CERTIFICATE OF DEATH.

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Harlem Ave. ST. 16-5 WARD)

2-FULL NAME Carrie Elizabeth Leake,

(a) RESIDENCE NO. 1913 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. -- mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of James G.Leake,

6 DATE OF BIRTH (month, day, and year) Nov.6.1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	9	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centerville Md.

PARENTS

10 NAME OF FATHER Robert Reamy,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E.Talbot,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles R Leake (Address) 1913 Harlem Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 30 .1926. to Aug 6 .1926.

that I last saw h alive on Aug 5 .1926

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm Reamy M. D.

8 6 .1926 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL London Park DATE OF BURIAL AUG 7 1926

20 UNDERTAKER Geo W Little ADDRESS 2709 [illegible]

CAUSE OF DEATH. See instructions on back of certificates. TION is very important

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13071 90 E 13071

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3959 Elm Ave St. 13-4 Ward)

2-FULL NAME Fannie Winters

(a) RESIDENCE NO. 3959 Elm Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Winters

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant John Winters

(Address) 3959 Elm Ave.

15 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Aug 6

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Aug 6 1926

that I last saw h__ alive on Aug 5 1926,

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation Necessary.

3

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY Cerebral Pressure.

(Secondary)

(duration) ____ yrs. 1 mos. 6 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) E. F. Culver M. D.

8/6, 1926 (Address) 3201 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Govans Aug 9 1926

20 UNDERTAKER ADDRESS

Chenoweth & Son 3617 Chestnut Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13072 E 13072

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Christian ST., 20-6 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard L Morris

(a) RESIDENCE No. 2223 Christian ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 4 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Non

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Luther Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Lillian Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Lillian Miller
(Address) 2223 Christian St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per APSS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1926, to Aug 5 1926,
that last saw h alive on Aug 4 1926,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Ileo Colitis
Malnutrition

(duration) Weeks mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L Kelsch M. D.
8/6 1926 (Address) 2151 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Aug 7 1926

20 UNDERTAKER John L Fields — ADDRESS 1200 W Lombard

TION is very important. See instruction on back of

Spec—12-23-21—E.B.R.S.—400 Eks.

E 13073

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 13073

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Smith

(a) Residence No. 814 E. Eager St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 2 1926

7-AGE, ... yrs. ... mos. 4 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Anna Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant)

(Address)

15- Filed ... 1926 By C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8-6-26

17- I HEREBY CERTIFY, That I attended deceased from 8-2- ... 19 26 to 8-6 ... 19 26

that I last saw h[illegible] alive on 8-6 ... 19 26

and that death occurred, on the date stated above, at 8 3/4 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Obstruction & Jaundice

(Duration) unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) 34 wks. premature yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ernest T. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ... 19...

20-UNDERTAKER, ... ADDRESS ...

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13074 E 13074

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. West Balto General Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lang -

(a) RESIDENCE NO. 2630 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 7. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	68	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stripping clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 609

(c) Name of employer: John E Hurst.

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Lang Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Given

14 Informant: Frank Lang

(Address) 2630 E Madison St

15 Filed 7 - 1926, 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 - 26

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to Aug 6, 1926.

that I last saw h / alive on Aug 6, 1926

and that death occurred, on the date stated above, at 10 50 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms + Exam.

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer - Aug 9" 1926

DATE OF BURIAL

20 UNDERTAKER: Geo M. Frind & Son

ADDRESS 811 N Wolfe

Spec.—12-9-25—A Co.—200 Bks.

1227 Wesley Blvd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13075

CERTIFICATE OF DEATH.

129E 13075

1-PLACE OF DEATH

City of BALTIMORE: (No. 1244 James 21-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry L. Gardner

(a) RESIDENCE NO. 1244 James St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura L.

6 DATE OF BIRTH (month, day, and year): Mar 12 - 1854

7 AGE: Years 72; Months 2; Days 24; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Mass

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Mass

14 Informant: Laura L. Gardner

(Address): 1244 James St.

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

Per AAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug. 6

17 I HEREBY CERTIFY, That I attended deceased from August 3, 1926, to August 6, 1926, that I last saw h[illegible] alive on August 6, 1926 and that death occurred, on the date stated above, at 1-30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dawson M. D.

, 19 (Address) 1227 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Date of Burial Aug 7 1926

20 UNDERTAKER: Wm Cook ADDRESS 1021 E. Monument

Very Important: See Instructions on Back of Certificate

1926

Spec.—12-9-25—A Co.—200 Bks.

Dr Hayward 13 East Eager St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13076

CERTIFICATE OF DEATH.

49 E 13076

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3627 York Road St., 4-1 Ward)

2-FULL NAME Anna B. Webster

(a) RESIDENCE NO. 3627 York Road St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1 – 1925

7 AGE: Years 1 | Months 7 | Days 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Richard C Webster

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Kathryn Mattingley

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant: Richard Webster

(Address) 3627 York Road

15 Filed ____, 19____ C. HAMPSON JONES, M. D. Registrar

1926 Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from — to —, 19____,

that I last saw h..... alive on —, 19____,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Sarcoma of brain (probably)

with (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Sarcoma at tip of spine

(duration) ____ yrs. 9 mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Hayward, M. D.

, 19 (Address) 22 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fort Lincoln Md — Date of Burial 8/7 1926

UNDERTAKER: Von Cook — ADDRESS 502 E North

Very Important: For Instructions see Back of this Certificate

Spec.—1-10-21—M&T—1500 Bks.

E 13077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-12-90

E 13077

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N Bentalou ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M Denney

(a) RESIDENCE No. 1700 N Bentalou ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22 54

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER H M Denney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hendley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Miss Walker

(Address) 1700 N Bentalon St

15 Filed 8-7-1926 C. HAMPSON JONES, M. D.

Per ABB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 4 . 1926 . to Aug 6 . 1926 .

that I last saw him alive on Aug 6 . 1926 .

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) 5 yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Leo. H. Langenbacher M. D.

(Address) 2215 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Heathsville Va

DATE OF BURIAL Aug 7 1926

20 UNDERTAKER W M Routson

ADDRESS 220 N Mth

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13078

E 13078

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Joseph Finnessy

(a) RESIDENCE NO. 1045 W. Fonvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Finnessy

6 DATE OF BIRTH (month, day, and year) Dec. 28. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Philadelphia (State or country) Pa

PARENTS

10 NAME OF FATHER John Finnessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ? O'Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mt Hope Rectry

(Address) Mt Hope Retreat

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1926

17 I HEREBY CERTIFY, That I attended deceased from August 2, 1926, to August 6, 1926, that I last saw h alive on August 5, 1926 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Paralytic Strokes Hypertension

Unknown

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia + Exhaustion

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical - Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL Aug 9 1926

20 UNDERTAKER W. M. Rountree — ADDRESS 2205 E. Monument

FROM is very important

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13079

CERTIFICATE OF DEATH. 13079

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2406 Fulton Ave 10-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Jean Hanna

(a) RESIDENCE NO. 2406 Fulton Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 6 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Earl L. Hanna

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary E. Modee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Earl L. Hanna

(Address) 2406 Fulton Ave

15 Filed 1926 C. HAMPSON JONES, M. D.

1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6th 26

17

I HEREBY CERTIFY, That I attended deceased from July 29, 1926, to August 6, 1926,

that I last saw h.. alive on Aug 6. 1926,

and that death occurred, on the date stated above, at 8:20 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Spinal Meningitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY Enteritis

(Secondary)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NV

What test confirmed diagnosis?

(Signed) L. Earle Warren, M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Aug 7th 1926

20 UNDERTAKER: J. B. Tufaro ADDRESS 850 N. Bond St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13080 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13080

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 3039 E Monument St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Dembek

(a) Residence No. 3039 E Monument St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4be yrs. mos. ds. How long in U. S., if of foreign birth? 5y yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 24, 1926

7-AGE, ...yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anthony Dembek

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Mary Golembiewska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Mary Dembek

(Address) 3039 Monument St

15- Filed. 7-1926 C. HAMPSON JONES, M. D. Registrar.

Per APH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) aug. 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from aug. 3, 1926 to aug. 6, 1926 that I last saw her alive on aug. 6, 1926 and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mal-nutrition

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & V. S.

(Signed) John J. Krager M. D.

, 19 (Address) 427 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus Cem

DATE OF BURIAL. aug. 7, 19 26

20-UNDERTAKER. Stephen J. Trackowski

ADDRESS 1000 Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13081

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-a 13081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 14-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Crofoot

(a) RESIDENCE NO. 107 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2 15	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER George W. Crofoot

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie E. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Foster - Geo. W. Crofoot
(Address) 107 S. Calhoun St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
- 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5 , 1926 , to Aug 7 , 1926 ,

that I last saw him alive on Aug 7 , 1926 ,

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis, (non tubercu Pous)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

Otitis Media (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of Aug 6. 1926

Suspected from Abscess

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) J. H. Price, M. D.

, 19 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 9 1926

20 UNDERTAKER Harry H. Wroth — ADDRESS 153 W Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13082

CERTIFICATE OF DEATH.

179 E 13082

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Standard Oil Works St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McWilliams

(a) RESIDENCE NO. 479 N Bouldin St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine McWilliams

6 DATE OF BIRTH (month, day, and year) Dec 25 1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto City

PARENTS

10 NAME OF FATHER John McWilliams

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Catherine Elvus

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto Md

14 Informant Catherine McWilliams

(Address) 479 N Bouldin

15 Filed Aug 7 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Accidental death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Gas & Heat when asphalt caught fire when he was, Manually taken ill (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Burns on face & body (duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

Aug 7, 1926 (Address) 7002 Clarke

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oaklawn Cemetery	Aug 9 1926

20 UNDERTAKER	ADDRESS
Jinkler & Jinkler	1739 E. Eager st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13083

188-003

E 13083

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Provincial Dead

City of BALTIMORE: (No. Balt City Hospitals St., 1-3 Ward)

2-FULL NAME Phillip Schreuberger

(a) RESIDENCE NO. 927 Decker Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Jan 12, 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto City

(State or country) _____

PARENTS

10 NAME OF FATHER Jos. Schreuberger

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Ida Rhodes

13 BIRTHPLACE OF MOTHER (city or town) Balto City

(State or country) _____

14 Informant Ida Schreuberger

(Address) 927 S Decker Ave

15 Filed _____, 19 ____ HARRISON JONES, Registrar.

JAN - 1926

APH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1922

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed by B. & O. Parlors on his head by which to wheels backing [illegible] was [illegible] backing (Duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Child was walking in the truck picking [illegible] (Duration) ____ yrs. ____ mos. ____ ds.

Helper [illegible]

(Signed) [illegible] M. D.

(Coroner)

1926 (Address) 1075 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

Date of Burial Aug 7 1926

20 UNDERTAKER Zinkler & Zinkler

ADDRESS 1799 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

E 13084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13084

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2006 McCulloh St. 14-1 Ward)

2-FULL NAME Helen F Smith

(a) RESIDENCE NO. 2006 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3-17-1890

7 AGE: Years 36 | Months 5 | Days 18 | IF LESS than 1 day ....hrs. or ....min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen Pratt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pikesville Md

14 Informant Helen Smyth

(Address) 2006 McCulloh

Filed ..... 19.. HAMPSON JONES, M. D.

AUG 7 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 5 1926

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1926, to Aug 5, 1926, that I last saw her alive on Aug 5, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary Tuberculosis

(durntion) — yrs. 2? mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Cavis (durallon) yrs. 2? mos. ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) C. F. Wall, M. D.

, 19 (Address) 426 E. 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Aug 9 1926

20 UNDERTAKER: Virginia G. Brooke — ADDRESS: 1463 N. Carey St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13085 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13085

CERTIFICATE OF DEATH.

Registered No. 1221

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. Penitentiary Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sonny Jones

(a) Residence No. Roanoke, Va St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6-DATE OF BIRTH (month, day and year) Jan. 20, 1892

7-AGE. 34 yrs. 6 mos. 16 ds.

If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9-BIRTHPLACE (city or town) (State or Country) Roanoke Va

PARENTS.

10-NAME OF FATHER, John Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Roanoke, Va

12-MAIDEN NAME OF MOTHER, Lena Sanders

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Roanoke Va

14- (Informant) Md. Penitentiary

(Address) 954 Forest St.

15- Filed 1926 Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 5 1926

17- I HEREBY CERTIFY, That I attended deceased from ..., 1926 to Aug 5, 1926

that I last saw him alive on Aug 4, 1926

and that death occurred, on the date stated above, at 6:55 P. m.

The CAUSE OF DEATH* was as follows:

(1) Syphilis Cardio-Vascular disease,

(2) Chronic Nephritis Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) ~ (Duration) ~ yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) Albert L. Anderson M. D.

, 19 (Address) Md Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL, Aug 7, 1926

20-UNDERTAKER Samuel H. Handley ADDRESS 775 N. Eddy St.

Spec.—1-10-21—M&T—1500 Bks.

E 13086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13086

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md Gen Hosp St. 15-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hannah Goldsmith

(a) RESIDENCE NO. 2017 Linden Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Robt. H. Goldsmith

6 DATE OF BIRTH (month, day, and year) Aug 6-1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John McKenrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah C. Bierly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Hannah Goldsmith (Address) the

15 Filed 7-1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6-26

17 I HEREBY CERTIFY, That I attended deceased from 6-3-26 to 8-6-26 19

that I last saw h— alive on 8-6-26 19

and that death occurred, on the date stated above, at 5-40 p m.

The CAUSE OF DEATH* was as follows:

Fracture of femur (Intertrochanteric) (Acc)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hem.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Aug 9-1926

20 UNDERTAKER Chas F. Grauer & Son — ADDRESS 1811 W Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

Teresa Mach,

E 13087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13087

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Aliceanna ST. 7-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa Mach

(a) RESIDENCE NO. 1614 Aliceanna ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 27-1925.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

PARENTS

10 NAME OF FATHER Frank Mach,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Katherine Pietras,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Frank Mach,
(Address) 1614 Aliceanna

15 Filed ..... 19 ..... Registrar

67 - 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1926, to Aug. 7th, 1926, that I last saw her alive on Aug. 6th, 1926, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

over

(duration) ..... yrs. ..... mos 3 ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Rehberger, M. D.

, 19 (Address) 1709 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ST. STANISLAUS CEMETERY	8/8/26

20 UNDERTAKER	ADDRESS
M. F. Dudrow & Bro.	705 S. Ann St

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13088

CERTIFICATE OF DEATH.

31 E 13088

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 704 Cedar Ave St. 4-1 Ward)

2-FULL NAME Mrs Rosella Jeffers

(a) RESIDENCE NO. 704 Cedar Ave St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Jeffers

6 DATE OF BIRTH (month, day, and year): Mar 10, 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19 yrs.	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Franklin

(State or country) Va.

PARENTS

10 NAME OF FATHER William E Long

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Anna Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant Anna Johns

(Address) 704 Cedar

Filed 1926 19____ Registrar Rph

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel A Easton D.
(Coroner)

, 1926 (Address) 925 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: 8/7 1926

UNDERTAKER: Samuel Easton

ADDRESS: 926 Park Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13089

CERTIFICATE OF DEATH.

90 E 13089

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1733 Ellamont Ave St. 15-7 Ward)

2-FULL NAME John Roth

(a) RESIDENCE NO. 1733 Ellamont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Roth

6 DATE OF BIRTH (month, day, and year) Jan 17 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	66	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 years

(c) Name of employer

9 BIRTHPLACE (city or town) Bello

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Roth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Mueller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Clara Roth

(Address) 1733 Ellamont Ave

15 Aug 9 1926 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 1926 to Aug 6 1926, that I last saw h. alive on July 25 1926, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Aortic stenosis and insufficiency.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation

Acute Dilatation (duration) yrs. 3 mos. ds.

18 Where was disease contracted 1 day.

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

Aug 6, 1926 (Address) 2702 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — Date of Burial Aug 9 1926

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS 1710 Fleet St.

13090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home — REGISTERED NO. C 179 E 13090

CITY OF BALTIMORE (No. Standard Rd & Fort Ave St.: F 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Kendzejewski

(Residence in Baltimore: No. 1014 S Kenwood Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov (Month) 6 (Day), 1890 (Year)

7-AGE, 35 — 36 yrs. 9 mos. 20 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 0
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Kendzejewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Jozefa Jaworski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kendzejewski

(Address) 1014 S Kenwood Ave

15- Filed ....., 1926. HAMPSON JONES, M. D. Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Contusion of right eye while mending Asphalt roads with accident hammer (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion of upper jaw (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Aug 7, 1926. (Address) ..... Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Aug 10, 1926
20-UNDERTAKER	ADDRESS
Stephen J Fialkowski	1000 S Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13091

E 13091

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Linden ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Chandler Casey

(a) RESIDENCE NO. 1525 Linden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
HUSBAND of
(or) ~~WIFE of~~ Late Tamnie Evans Casey

6 DATE OF BIRTH (month, day, and year) Dec 6th 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired R R

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R. R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER James Casey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middletown Conn

12 MAIDEN NAME OF MOTHER Mary E. Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mr J Casey
(Address) 1525 Linden Ave

15 Filed AUG 8 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1922 to Aug 7 1926

that I last saw him alive on Aug 7 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Ch. valv. heart disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/7 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
South Laurel Hill Phila Pa	Aug 9th 1926
UNDERTAKER	ADDRESS
Henry J Jenkins & Son	Oldest Colored Undertaker

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13092

CERTIFICATE OF DEATH.

185 E 13092

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 629 W Fayette St., 173 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas R Stuyvesant

(a) RESIDENCE NO. 629 W Fredrick Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Gertie Stuyvesant

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Penna

(State or country)

PARENTS

10 NAME OF FATHER: Robt S Stuyvesant

11 BIRTHPLACE OF FATHER (city or town): Penna

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Rode

13 BIRTHPLACE OF MOTHER (city or town): Penna

(State or country)

14 Informant: R S Stuyvesant

(Address) 629 W Fredrick St

15 Filed 8-1926 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5th 1926

I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Accidental Death

Fell on sidewalk Fractured Skull

Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

, 19 26 (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In this place .....yrs. .....mos. .....ds. In the State.....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth Pa — Date of Burial: 8/9 26

20 UNDERTAKER: Edward Toulson — ADDRESS: 900 Woodlawn Ave

Very important! Be sure to write plainly.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13093
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

X / E 13093
REGISTERED NO.

CITY OF BALTIMORE: (No. 1117 W Retreat ST. 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna W Snyder

(a) RESIDENCE NO. Lancaster Pa ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 27 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pa. State. Bd. of Health

9 BIRTHPLACE (city or town) (State or country) Lancaster Pa

PARENTS
10 NAME OF FATHER John S Snyder
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Ruth Fitler
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Hospital Records
(Address)

15 Filed Aug 8 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Aug 8, 1926,
that I last saw her alive on Aug 1, 1926,
and that death occurred, on the date stated above, at 7.10 A m.
The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) — yrs. — mos 10 ds. (in Hospital)

CONTRIBUTORY (Secondary) Dementia Praecox. Autonomic
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lancaster Pa
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) C. H. Jones, M. D.
Aug 8, 1926 (Address) 1117 W Orange St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster, Pa — DATE OF BURIAL: Aug 8 1926

20 UNDERTAKER: H. J. Dickinson's Sons — ADDRESS: Lancaster Pa

FROM A VERY IMPERFECT COPY

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13094

CERTIFICATE OF DEATH.

18-001

E 13094

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay View Asylum St., 96-1 Ward)

2-FULL NAME William F Martin

(a) RESIDENCE NO. Irola Pa St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Steam RR 13

(c) Name of employer Penn. RR 01

9 BIRTHPLACE (city or town) _____

(State or country) Pa

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unk

14 Informant Pa R R Timber Dept

(Address)

15 Filed AUG 8 - 1926 C. HARRY [illegible] Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Own death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Diaphragm

R Leg Severed By Train

Injury to Head & Body

Steam R R (Duration) Yrs. Mos. Ds.

CONTRIBUTORY Hemorrhage from

(Secondary) Lung (duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

Aug 8 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irola. Pa Date of Burial Aug 8 1926

20 UNDERTAKER A S Marshall ADDRESS 3535 Falls Rd

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13095

CERTIFICATE OF DEATH.

141

109-002

E 13095

1-PLACE OF DEATH Colonial Hosp. 2.1.A

REGISTERED NO.

CITY OF BALTIMORE: (No. 1927 Druid Hill ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances R. Williams

(a) RESIDENCE NO 1927 Druid Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 5-1919

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	9	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER James J. Williams

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Isadola Grooms

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Isadora Williams
(Address) 1927 Druid Hill Ave

Filed 192

G8 - 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Tonsillectomy

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Aug 7, 192 6 (Address) 2 W Madison St

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cemty	8/9/ 1926
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13096
1-PLACE OF DEATH

REGISTERED NO. E 13096

City of BALTIMORE: (No. Bello City Hospital Ward 96-7)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Morgan Hall

(a) RESIDENCE NO. 1338 ~~1340~~ Beechwood Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 22

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penn.

PARENTS

10 NAME OF FATHER Clarence Morgan Hall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER S. Morrison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt Lake City

14 Informant Clarence Morgan Hall

(Address) 1338 Beechwood Rd

15 Filed ..... 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull, 3 cervical vertebrae, upper ribs & internal injuries, accidental by fall from [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M Fenton M. D. (Coroner)

July 8, 1926 (Address) 1004 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenhill Cem. Waynesboro, Pa. Date of Burial Aug 10-1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13097

CERTIFICATE OF DEATH.

90 E 13097

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 S. Clinton St. St. 16-5 Ward)

2-FULL NAME John Mueller.

(a) RESIDENCE NO. 720 S. Clinton St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 40 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Mueller.

6 DATE OF BIRTH (month, day, and year): May. 20 1848

7 AGE: Years 78 | Months 7 | Days 16 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Germany.

PARENTS

10 NAME OF FATHER: John Mueller.

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany

14 Informant: Theresa Schmidt

(Address): 720 S. Clinton St.

15 Filed..... 19 ..... Registrar

CB - 1626

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Aug 6 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/26/26 19..., to 8/6/26, 19..., that I last saw him alive on 8/3/26, 19..., and that death occurred, on the date stated above, at 13.00 m.

The CAUSE OF DEATH was as follows:

Myocarditis - Arterio Sclerosis

paraplegia

(duration) ...yrs. 2 mos. - ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation (duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of - .

Was there an autopsy? -

What test confirmed diagnosis? _____

(Signed) J. H. McGarrell, M. D.

8/8/26 19 (Address) 633 - S 3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial Aug 9th 1926

20 UNDERTAKER: Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13098

CERTIFICATE OF DEATH.

160 E 13098

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 E Biddle St. 10-2 Ward)

2-FULL NAME Thomas S. Lavery Jr

(a) RESIDENCE NO. 1014 E Biddle St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 30 - 1926

7 AGE Yeurs	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas S Lavery Sr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Marie E Vetter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Thomas S Lavery Sr

(Address) 1014 E Biddle St

15 Filed.....19.....

R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30 1926, to Aug 7, 1926, that I last saw h~~im~~ alive on Aug 7, 1926, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

(Dur.) Feeble at birth—

Malnutrition

(duration) yrs. ~~mos.~~ ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wally W White Jr M. D.

8/7/26 Address St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemty Date of Burial Aug 9 1926

20 UNDERTAKER: ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 13099 HEALTH DEPARTMENT—CITY OF BALTIMORE 146 E 13099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No. Lafayette Ave ST. 9th WARD)

2-FULL NAME Mrs Adeline K. Thompson

(a) RESIDENCE No. 1608 N. Caroline St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

.REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (or) WIFE of HUSBAND of J. Bruce Thompson

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Kendl

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mollie Herzog

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant J. Bruce Thompson
(Address) 1608 - N. Caroline St.

15 Filed AUG 8 - 1926 C. HAMPSON JONES, M. D. Registrar
Per R. R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1926, to Aug 7, 1926, that I last saw her alive on Aug. 7, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of July 31-26

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Wm. Wilson, M. D.

, 19 (Address) Women's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Aug 9, 1926

20 UNDERTAKER John O. Mitchell

ADDRESS 1201 W. Fayette St

Spec.—12-9-25—A Co.—200 Bks.

EUTAW PLACE & BROCKS LANE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13100

90 E 13100

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apts. 8 B. St. 13-6 Ward)

2-FULL NAME Sigmund Eckhaus

(a) RESIDENCE NO. Esplanade Apts. 8 B. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 50 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Eckhaus

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1864.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	61	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prop. House Furnishing store

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Self.

9 BIRTHPLACE (city or town) _____

(State or country) Bavaria.

PARENTS

10 NAME OF FATHER ---------- Eckhaus

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Bavaria.

12 MAIDEN NAME OF MOTHER ------ Samuels

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Bavaria.

14 Informant Mr. Sylvan Eckhaus

(Address) The Esplanade Apts.

15 Filed _____ 19____ G. HAMPSON JONES, M. D. Registrar

8 - 1926 Per R R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7, 1926

17

I HEREBY CERTIFY, That I attended deceased from January, 1926, to Aug 7, 1926, that I last saw h.. alive on Aug 7 1926, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

arteio-sclerosis. - paralysis agitans

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) ____ yrs. 1 mos. ____ ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. Frederick Leitz, M. D.

Aug 8 1926 (Address) 2040 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cheb Shalom Cemetery — Date of Burial: 8/9/ 1926

20 UNDERTAKER: Max Sondheim — ADDRESS 118-20 W. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13101

CERTIFICATE OF DEATH.

90 E 13101

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2737 Calvert St. 17-3 Ward)

2-FULL NAME Louis Putschel

(a) RESIDENCE NO. 2737 Calvert St. St._____ Ward_____

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 23 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Putschel

6 DATE OF BIRTH (month, day, and year): Feb 14 1860

7 AGE — Years: 66 Months: 5 Days: 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Theodore Stutelein

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: George Saunders

(Address) 207 N Paca

15 Filed Aug 9 1926 C. H. [illegible] Registrar

Per RKK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) H. C. Stadt, M. D. (Coroner)

Aug 7 1926 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Aug 9 1926

20 UNDERTAKER: Jos Saunders & Son ADDRESS: 217 S. Pac...

Spec.—1-10-21 M&T 1500 Bks.

E 13102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13102

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Sauers

(a) RESIDENCE NO. 542 W. Conway St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Josephine Sauers

6 DATE OF BIRTH (month, day, and year) Aug 10 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
~~35~~	35	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 056

(b) General nature of industry, business, or establishment in which employed (or employer) Stage Mechanic

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Sauers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Lampp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Balto City Hospts Balto. Md

15 AUG 8 - 1926 C. HAMPSON JONES, M. D. Registrar

Per RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1926, to Aug 7, 1926, that I last saw him alive on Aug 6, 1926, and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Luetic Infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serological

(Signed) Harry Feldstein, M.D.

8/7, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Aug 10 1926
20 UNDERTAKER Jos Loerdens Son	ADDRESS 2178 Pres

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 13103 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13103

CERTIFICATE OF DEATH.

71-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE, (No. 1529 W Fairmont Ave Ward) 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Henson

(a) Residence No. 1529 W Fairmont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): July 28. 1923.

7-AGE: 3 yrs. mos. 9 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Lloyd Henson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Lydle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): N. C.

14- (Informant) Lloyd Henson (Address) 39 N Bruce St

15- C. HAMPSON JONES, M. D. Registrar.

AUG 13 - 1926 Per A K K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 6. 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1926 to Aug 6 1926

that I last saw h. alive on Aug 6 1926

and that death occurred, on the date stated above, at 10-15 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. L. Trulinger M. D.

8/7/26 (Address) 1682 W Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: Aug 9th 19 26

20-UNDERTAKER: A. Jones — ADDRESS: 111 S Gilmor St

13104 HEALTH DEPARTMENT—CITY OF BALTIMORE 13104

E 13104

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Gwynns Falls Quarry St. 1763 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Riley Robinson

(Residence in Baltimore: No. 538 W. Mulberry St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Cold

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH, March 5th 1917 (Month) (Day) (Year)

7-AGE. 9 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles Robinson

11-BIRTHPLACE OF FATHER, (State or Country), N. Va

12-MAIDEN NAME OF MOTHER, Alice Jackson

13-BIRTHPLACE OF MOTHER, (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Robinson

(Address) 538 W. Mulberry St

15- Filed 1926 C. HAMPSON JONES, M. D. 192... Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) Drowning

(Duration) yrs. mos. ds.

(Signed) Thos. J. Porter M. D. (Coroner)

Aug 8 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, 9/9/26 19...

UNDERTAKER, Frank Easton ADDRESS 916 Pacific

Spec.—1-10-21—M&T—1500 Bks.

13/26 E 13105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13105

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. Hope Retreat ST. 15-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Conrad Shaw.

(a) RESIDENCE NO. 1801 Ruxton Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Shaw.

6 DATE OF BIRTH (month, day, and year) May 27 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	69	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Shaw

11 BIRTHPLACE OF FATHER (city or town) Monaghan (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Marie Conrad

13 BIRTHPLACE OF MOTHER (city or town) Tipperary (State or country) Ireland

14 Informant Mt Hope Rectr (Address) Mt Hope

15 Filed Dec 28 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to August 6, 1926, that I last saw h alive on August 6, 1926 and that death occurred, on the date stated above, at 11.30P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Walter D. Wells, M. D.

19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenbaltimore

DATE OF BURIAL Aug 9 1926

20 UNDERTAKER Harry M. Wickefeld.

ADDRESS 5 W Lexington St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13106

CERTIFICATE OF DEATH.

188-003

E 13106

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., 10-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Moore.

(a) **RESIDENCE NO.** 823 Forrest Street. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel K.Moore.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Susie E.Miller.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Frederick Md.

14 Informant Charles M.Moore.(brother).

(Address) 810 N.Gay Street.

15 Filed_____ 19____ (HAMPSON) Registrar

8 - 1926 Per LK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 6th, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-pneumonia.

Accidental fracture of the skull

Ran into moving automobile and thrown to the ground.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

Signed Otto M Leonhardt M. D. (Coroner)

August. 6th. 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Forrest & Ensor Sts. August 4th, 1926.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Aug 9th 1926 Date of Burial

20 UNDERTAKER Leo S. Cook ADDRESS 1735 Pratt St Cor.

Cor.—12-9-25—A Co.—200 Bks. See letter 6/25/29.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13107

CERTIFICATE OF DEATH.

197 E 13107

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 423-11-23 St. 12-2 Ward)

2-FULL NAME Joseph Marcocia

(a) RESIDENCE NO. 423-11-23 St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Loreta DeMico

6 DATE OF BIRTH (month, day, and year) 6/21/1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	L	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town)_____
(State or country) Italy Marcocia

PARENTS

10 NAME OF FATHER Francesco Marcocia

11 BIRTHPLACE OF FATHER (city or town)_____
(State or country) Italy

12 MAIDEN NAME OF MOTHER Marcocia Rosa

13 BIRTHPLACE OF MOTHER (city or town)_____
(State or country) Italy

14 Informant Joseph Giralico
(Address) 1011 N Central Ave

Filed_____ 19____ C. HAMPSON JONES, M. D.
Registrar
G 9 - 1925 Per: [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Homicide
Gun Shot
(duration) ___ yrs. instant mos. ___ ds.
CONTRIBUTORY (Secondary) Shock
(duration) ___ yrs. instant mos. ___ ds.

(Signed) C. C. Wades, M. D.
(Coroner)
Aug 7th 26 (Address) 1437 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 8/9 1926

20 UNDERTAKER George & Ruth ADDRESS 1735 Harford

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13108

CERTIFICATE OF DEATH.

129 E 13108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W. Cross ST. H-3 WARD)

2-FULL NAME Sarah Mackey

(a) RESIDENCE NO. 537 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Mackey

DATE OF BIRTH (month, day, and year) —— 1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife —

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

8 BIRTHPLACE (city or town) Calvert Co.
(State or country) Maryland —

PARENTS

10 NAME OF FATHER Anthony Howard

11 BIRTHPLACE OF FATHER (city or town) Calvert Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maria Wallace

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Maryland

14 Informant Ella Bordley
(Address) 537 W Cross St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/2, 1926, to 8/5, 1926, that I last saw her alive on 8/5 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy — Cerebral Hemorrhage — (Got divorce 4 years ago.)

2nd divorce (duration) — yrs. — mos 7 da.

CONTRIBUTORY (Secondary) Chr Myocarditis — Nephritis (duration) yrs. Unknown

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine ++

(Signed) Dan'l Grandin M. D.

8/6, 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 9 1926
A UNDERTAKER	ADDRESS 1027 Druid Hill
Jno. H. Loadenthal	

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13109 — CERTIFICATE OF DEATH — 129 — E 13109

1-PLACE OF DEATH — Wilson — Gardenville — REGISTERED NO.

City of BALTIMORE: (No. 31 Wilkens Heights) (Ward 57-15)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Krause

(a) RESIDENCE NO. 31 Wilkens Heights Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 Color or Race: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie E Krause

6 DATE OF BIRTH (month, day, and year): April 11 1881

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): W. H. Whitney Co.

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: Emanuel Krause

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Lena Abel

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs Marie E Krause

(Address) 31 Wilkens Heights

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 4-5- 19 26 to 8-6- 19 26

that I last saw him alive on Aug 5- 26, 19 .....

and that death occurred, on the date stated above, at 6 05 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) C Krause Nephritis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick W Herrmann, M. D.

19 (Address) 7913 E Baltz

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: Aug 9 1926.

20 UNDERTAKER: William Cook — ADDRESS: 532 E Hat Ave

C. HAMPSON JONES, M. D.

DG9 - 1000 2-33 H H

Herrmann 1910 E 33rd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13110 — 88-093 — E 13110

E 13110
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Registered No. C.....

City of BALTIMORE: (No. St. Agnes Hosp. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome A. Culver

(Residence in Baltimore: No. 919 N. Payson St.; 43 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

6-DATE OF BIRTH: July 23rd (Month) (Day) 1883 (Year)

7-AGE: 23 yrs. — mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): 029

9-BIRTHPLACE, (State or Country): Washington DC

PARENTS.

10-NAME OF FATHER: Chas H. Culver

11-BIRTHPLACE OF FATHER, (State or Country): Del

12-MAIDEN NAME OF MOTHER: Margaret T. Hivey

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H. Culver

(Address) 919 N. Payson St

15- C. HAMPSON JONES, M. D.

Filed ..... 192 .....

Per ..... Registrar.

AUG - 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest autopsy or inquiry thereon and from the evidence obtained ~~by~~ said Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage
from Ruptured Kidney
(Duration) ..... yrs. 7 hours

CONTRIBUTORY (Secondary) Auto Accident
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B. Horton M. D.
Coroner

Aug 8 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug 11 1926

20-UNDERTAKER, H. M. Cook — ADDRESS 522 E. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

13111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 13111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 E. Federal ST. 8-2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Line.

(Residence in Baltimore: No. 2414 E. Federal. Ward 2 Lehs, ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 7, 1874 (Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Plumber
(b) General nature of industry, business, or establishment in which employed (or employer), Steam Eng. Co

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Daniel G Line

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Margaret A Cassidy

13-BIRTHPLACE OF MOTHER (State or Country), Baltmd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia A Line

(Address) 2414 E Federal St

15-

Filed ..... 191... C. HAMPSON JONES M.D. Registrar.

AUG 9 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1926, to Aug. 6 1926, that I saw h[illegible] alive on Aug. 6 1926, and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Kidney

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion & Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herbert C Blake M. D.

....., 191... (Address) 1014 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug. 8..., 1926

20-UNDERTAKER William Cake — ADDRESS 552 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 13112

CERTIFICATE OF DEATH.

13112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Trehearn

(a) RESIDENCE NO. 5248 Linden Heights St., Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	74	6	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) not given

12 MAIDEN NAME OF MOTHER not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not given

14 Informant (Son) Calvin Trehearn

(Address) 5248 Linden Heights Ave

15 Filed AUG 9 - 1926 G. HAMPTON JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-7 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-7, 1926, to 8-7, 1926,

that I last saw him alive on 8-7, 1926,

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Theron Stuntz, M. D.

8/7, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Del. DATE OF BURIAL Aug. 10 1926

20 UNDERTAKER Wm Cork ADDRESS 502 E N Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1729 E 13113

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 Greenmeadow St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson

(a) Residence No. 508 Greenmeadow St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis Wilson

6-DATE OF BIRTH (month, day and year): May 11, 1847

7-AGE: 79 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: Self

9-BIRTHPLACE (city or town) (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Wesley Evans

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14-Informant: Addie Spriggs

(Address): 508 Greenmeadow

Filed Aug 7 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 6, 1926

17- I HEREBY CERTIFY, That I attended deceased from March 14, 1926 to Aug 6, 1926 that I last saw h[illegible] alive on Aug 6, 1926 and that death occurred, on the date stated above, at 10.25 P.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Anuria (Duration) 10 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) yrs 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Symptoms

(Signed) Wm A Wright M. D.

Aug 7, 1926 (Address) 1209 Appleton

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: Aug 7 1926

20-UNDERTAKER: Samuel Kinsley

ADDRESS 578 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

13114

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 13114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 East St. 5-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Goncalves

(a) RESIDENCE NO. 426 East St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Joseph Goncalves

6 DATE OF BIRTH (month, day, and year): ? ? 1885

7 AGE: Years 41; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Mary's Co Md.

PARENTS

10 NAME OF FATHER: Geo Swirill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Joseph Goncalves father

(Address): 426 East St

15 Filed Aug 9 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Aug 6, 1926, that I last saw h alive on Aug 6, 1926, and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculoid

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

8/6 1926 (Address) 1426 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: Aug 9 1926

20 UNDERTAKER: Samuel A Bussey

ADDRESS 528

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13115

E 13115

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Convent of the Good Shepherd St. 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Mary of St. Martina (Jane deChantal Smith)

(a) RESIDENCE NO. Convent of the Good Shepherd Mount & Hollins Sts. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
October 8, 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cumberland

(State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Ann Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mother M. of St. Josepha

(Address) Convent of the Good Shepherd

15 Filed AUG 9 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1926, to Aug 7th, 19 26,

that I last saw her alive on Aug 6th, 19 26,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation.

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY Arterio-Sclerosis, senility.

(Secondary)

(duration) 5 yrs. ___ mos. ___ ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & symptoms

(Signed) J. A. Abbatiello, M. D.

Aug 7th, 1926 (Address) 308 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem. Date of Burial 8/9 19 26

20 UNDERTAKER J. F. Talbot & Sons ADDRESS 13 N Eutaw St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13116 — 44E 13116

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home ST. 19-1 WARD)

2-FULL NAME Miss Emma McDonough

(a) RESIDENCE. NO. 1402 W. Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Sept 11 1853

7 AGE — Years: 73 — Months: 11 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: Wm. McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Louisa Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto County

14 Informant: Ella J. Jones

(Address): Aged Women's Home

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

Per K J C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1925, to Aug 7, 1926, that I last saw h[illegible] alive on Aug 6, 1926, and that death occurred, on the date stated above, at 11 4. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L. Stoppen, M. D.

8/7 19 (Address) 862 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 9 1926
20 UNDERTAKER: George J. Smith	ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13117

90 E 13117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 10-2

CITY OF BALTIMORE: (No. Baltimore city Hospitals WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Taylor

(a) RESIDENCE NO. 911 Stirling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE — Years: ~~53~~ 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Louis Gittings

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Annie Moore

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant City Hospitals Records (Address)

15 Filed ....., 19.... Registrar

C. HAMPSON JONES, M. D.

G9 - 1000

Jge

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to August 6, 1926

that I last saw h living alive on August 6, 1926

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General appearance.

(Signed) C. Holmes Hamond, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Aug 9 1926

20 UNDERTAKER Robert T. Williams — ADDRESS 1516 N. Eden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13118

CERTIFICATE OF DEATH.

49 E 13118

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2794 N Hart St. 15-8 WARD)

2-FULL NAME Mrs Susan Catherine Sutton

(a) RESIDENCE NO. 2794 N Hart ST. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: William K Sutton

6 DATE OF BIRTH (month, day, and year): 4/nov 1847

7 AGE: Years 78 | Months 9 | Days 1 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Harry K Sutton

(Address): 1605 W North Ave

15 Filed 9 - 1926 19 C. HAMPSON JONES, M. D. Registrar Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/5/26

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1926, to 8/5/26, 19....,

that I last saw her alive on 8/5/26, 19....,

and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Broncho Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) W. N. Lordy, M. D.

, 19 (Address) 140 S Bank Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 9th 1926

20 UNDERTAKER: Josiah Lyser — ADDRESS: 1600 W North Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13119

CERTIFICATE OF DEATH.

59-002

159 E 13119

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 160 W. West St. St. 23-1 Ward)

2-FULL NAME Samuel Williams. (C).

(a) RESIDENCE NO. 160 W. West St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------.

6 DATE OF BIRTH (month, day, and year) June 3 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Junius Williams. (C).

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Zettie Costner. (C).

13 BIRTHPLACE OF MOTHER (city or town) North Carolina.

(State or country)

14 Informant Zettie Williams. (C) (mother)

(Address) 160 W. West Street.

15 Filed....., 19.....

C. HARPSTER Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 6th, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency. Congenital.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Lenhard M. D.

(Coroner)

August 6th 1926. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Zion Cem	Aug 9 1926

20 UNDERTAKER J. L. Blountson ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13120

113 E 13120

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1045 S. Howard St 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Starks

(a) RESIDENCE NO. 1045 S. Howard St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 28 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Starks

11 BIRTHPLACE OF FATHER (city or town) [illegible]

(State or country) Va.

12 MAIDEN NAME OF MOTHER Armstrong

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Thelma Armstrong

(Address) 1045 S. Howard

AUG 3 — 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Aug 5, 1926, that I last saw him alive on Aug 5, 1926, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis intoxication

(duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) ...yrs. 4 mos. ...ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr. Campbell, M. D.

8/6 1926 (Address) 805 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt Zion St — Date of Burial Aug 9 1926

20 UNDERTAKER J. L. Brown & Son — ADDRESS 1611 Mt St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13121

CERTIFICATE OF DEATH.

57

E 13121

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1882 Harford Ave. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine E. Grimmel.

(a) RESIDENCE NO. 1882 Harford Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow.

5a If ~~married, widowed, or husband of~~ (or) WIFE of Henry Grimmel.

6 DATE OF BIRTH (month, day, and year) January 24, 1839.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	87	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER John C. Born.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Katherine Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Henry C. Grimmel. (son)

(Address) 1832 Harford Ave.

15 Filed_____ 19____ C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Gangrene.

Diabetes?

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto Reinhardt M. D.

(Coroner)

8/9, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Aug 10th 1926

20 UNDERTAKER Geo Leimbach & Son ADDRESS 647 W. Pratt St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13122

CERTIFICATE OF DEATH.

× 194

E 13122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. ST., 46-3 WARD)

2-FULL NAME Reese Dorsey

(a) RESIDENCE NO. Catonsville, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) about 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Construction
(c) Name of employer Carroza Construction Co.

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Susan Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. R. V. Cooper

(Address) Catonsville Md.

Filed 8-9-1926 C. HAMPSON Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Prostration

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Aug. 9, 192 4 (Address) 280 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Busby Park Cem Md DATE OF BURIAL Aug 9 192 6

20 UNDERTAKER Easton Sons ADDRESS Lincoln Ave

Spec.—1-10-21—M&T—1500 Blks.

E 13123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Brookfield ~~St.~~ Ave. WARD) 13-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Alfred Taylor.

(a) RESIDENCE NO. 2244 Brookfield ~~St.~~ Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): Feb. 8, 1857

7 AGE — Years: 69 — Months: 5 — Days: 29 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telegrapher

(b) General nature of industry, business, or establishment in which employed (or employer): R.R.

(c) Name of employer: Penn. R.R.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ann Van Holland.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Brother — (Address): George Taylor 2244 Brookfield Ave.

15 Filed ... 19 ... Per ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7, 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 19 26, to Aug 7 — 19 26.

that I last saw h / alive on Aug 7, 19 26,

and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Wm S Love, M. D.

19 (Address) 836 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug. 10, 1926

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 827 W. North Ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13124 113 E 13124

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Parish ST. 14-2 WARD)

2-FULL NAME Edna M. Reed

(a) RESIDENCE NO. 323 S. Parish St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 25, 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Oliver C. Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Marie E. Recklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Oliver C. Reed
(Address) 323 S. Parish St.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1926

17 I HEREBY CERTIFY, That I attended deceased from August 5, 1926, to August 6, 1926, that I last saw her alive on August 6, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Ellen V. Vanderlinn, M. D.

19 (Address) 24 N Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug. 9 1926
20 UNDERTAKER	ADDRESS
George L. Schwab	2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13125

CERTIFICATE OF DEATH.

161-E 13125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Bond ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rayton

(a) RESIDENCE NO. 1319 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug 7, 1926.

AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or ..... min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(h) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Alfred Rayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER May Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

PARENTS

14 Informant [redacted] M. I. Rayton

(Address) 1319 N. Bond St.

15 Filed Aug 9 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 7, 1926, that I last saw him alive on Aug 7, 1926, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Jacob Fisher M. D.

8/7, 1926 (Address) 1823 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 8/9/26 19

20 UNDERTAKER George J. Ruth Bro

ADDRESS 1735 Hartford Ave.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13126 E 13126

CERTIFICATE OF DEATH.

REGISTERED NO. 76-6-1476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 76-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida M. Schmidt

(a) RESIDENCE NO. 3527 E. Balto St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Edward Schmidt

DATE OF BIRTH (month, day, and year) Aug 22 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Fred E Wachsmuth

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mrs John Edward Schmidt (Address) 3527 E Baltimore St

15 Filed Aug 19 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 9, 1926, that I last saw her alive on Aug 9, 1926, and that death occurred, on the date stated above, at 12 15 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia

Staphylococcus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Positive Blood Culture.

(Signed) Philip Jacobson, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem't — DATE OF BURIAL Aug 11 1926

20 UNDERTAKER Louis Heimann — ADDRESS 32 S Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13127

CERTIFICATE OF DEATH.

161-001 E 13127

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 N. Carrollton Av. St. 16-7 Ward)

2-FULL NAME Baby Bozeman

(a) RESIDENCE NO. 607 N. Car. Av. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 8/7/26

7 AGE — Years | Months | Days | IF LESS than 1 day ..... hrs. or 2 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Sydney Bozeman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ala

12 MAIDEN NAME OF MOTHER Eva Langston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) B.

14 Informant

(Address)

Filed _____ 19__ C. HAMPSON JONES, M. D. Registrar

By _____ Per RM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/7/26 19

17 I HEREBY CERTIFY, That I attended deceased from 8/7/26, 19, to 8/7/26, 19, that I last saw h— alive on 8/7/26, 19, and that death occurred, on the date stated above, at 12 26 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY —

(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Fang, M. D.

8/7/26 (Address) 910 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND 1926

Commissioner Health.

Per A. E. WOODALL

Spec.—1-10-21—M&T—1500 Bks.

13128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13128

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Arlington ave. 18-1 WARD)

2-FULL NAME Emma Reese Ferguson

(a) RESIDENCE No. 511 N. Arlington ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Samuel J. Ferguson

DATE OF BIRTH (month, day, and year) Apr. 19 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Richard Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elsie F. Rodgers

(Address) 511 N. Arlington ave

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1926, to Aug 8, 1926.

that I last saw her alive on August 7th, 1926.

and that death occurred, on the date stated above, at 3.15 A.m.

The CAUSE OF DEATH* was as follows

Chronic Valvular Disease of Heart

(Metral Insufficiency)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Walter E Frampton, M. D.

, 19 (Address) 1013 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Liberty Town Fred. Co. Md. DATE OF BURIAL: Aug 10 1926

20 UNDERTAKER - John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13129

CERTIFICATE OF DEATH.

11 3E 13129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Lancaster St. 2-3 WARD)

2-FULL NAME Sheppard Barlow,

(a) RESIDENCE NO. 1808 Lancaster ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 1-1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

PARENTS

10 NAME OF FATHER William Barlow,

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) MD.

12 MAIDEN NAME OF MOTHER Mary Urbanski,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) MD.

14 Informant Mary Barlow, (Mother)

(Address) 1808 Lancaster St.

15 Filed [illegible] 1926. 19 C. HAMPTON JONES, M. D. Registrar

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/28, 1926, to 8/8, 1926, that I last saw h[illegible] alive on 8/8, 1926, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia & Toxemia

(duration) yrs. mos 1 0 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) H A Bullock, M. D.

, 19 (Address) 1625 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS Cemetery — DATE OF BURIAL: 8/9/26. 19

20 UNDERTAKER: M. F. Sadowski. — ADDRESS: 705 S. Ann St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13130

CERTIFICATE OF DEATH.

161-001

E 13130

1-PLACE OF DEATH 1013 Linden St

Registered No.....

City of BALTIMORE: (No. 1013 Linden St St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby of Parker

(a) Residence No. 1013 Linden ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7hrs 15min How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, ~~Married, Widowed or Divorced.~~ Single (Write the word.)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 8/7/26

8-AGE. 7hrs 15min mos. ds.

If LESS than 1 day, 7 hrs. & 15 min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

10-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

10-NAME OF FATHER, Leon Thomas

11-BIRTHPLACE OF FATHER (city or town) unknown (State or Country), maryland

12-MAIDEN NAME OF MOTHER, Mary Elizabeth Parker

13-BIRTHPLACE OF MOTHER (city or town) Culpeper (State or Country), Virginia

14-(Informant).....

(Address).....

15-Filed ..... 19?? C. HAMILTON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8/7/26

17- I HEREBY CERTIFY, That I attended deceased from 7.15 Pm aug 7 1926 to 5.15 Pm aug 7 1926, that I last saw h. alive on aug 7 1926 and that death occurred, on the date stated above, at 11:30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity
(32 wks)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Eva F. Dodge, M.D.

. 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL, ... 19....

20-UNDERTAKER, | ADDRESS

DEPT. OF MARYLAND

Spec.—12-9-25—A Co.—200 Bks.

Littleton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13131

CERTIFICATE OF DEATH.

113

E 13131 REGISTERED NO.

1-PLACE OF DEATH So Balto Gen'l Hosp. 24-2

City of BALTIMORE: (No. 2 Wyatt St. Ward)

2-FULL NAME Elmer Littleton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1804 Jackson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced. (write the word) single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	10	19.	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Leon Littleton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Leon Littleton

(Address) 1804 Jackson St

15 Filed ....., 19.... Registrar

29-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 19 26, to Aug 7, 19 26, that I last saw him alive on Aug 7, 19 26, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows: Bronchial pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Lobar pneumonia

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Williams, M. D.

, 19 26 (Address) Mandall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Date of Burial Aug 10 19 26

20 UNDERTAKER Chas. R. Storms ADDRESS 1882 E Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13132 — CERTIFICATE OF DEATH. — 173 — E 13132

1-PLACE OF DEATH N. Md. R.R. crossing — REGISTERED NO.

City of BALTIMORE: (No. Light St. below Donaldson St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Knottner.

(a) RESIDENCE NO. 1500 Webster Street. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of Eva Knottner.

6 DATE OF BIRTH (month, day, and year) November 22nd, 1877-

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	48	8	15 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Eva Knottner. (wife).

(Address) 1500 Webster Street.

15 Filed ..... 19 .....

Per ..... Registrar

C. HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5th, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mangled by car of N. Md. R.R. Co.
Suicide. Temporarily deranged.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

Signed Otto M Leonhardt M. D. (Coroner)

August 7th, 19 26 Address 1017 N Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Aug 10. 19 26

20 UNDERTAKER Chas. T. Stevens — ADDRESS 125 Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

13133

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

89 E 13133

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Fulton Avenue ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Crook

(a) RESIDENCE NO. 403 N. Fulton Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth T. Kelley

7 DATE OF BIRTH (month, day, and year) Aug. 15, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept. Supt. 0 86

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Fidelity

(c) Name of employer & Guarantee Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Crook

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ellen Barrett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (Address) Mrs. Elizabeth T. Crook 403 N. Fulton Avenue

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21st, 1926, to Aug 7th, 1926, that I last saw him alive on August 7th, 1926, and that death occurred, on the date stated above, at 11.20 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) Asteriosclerosis (Coronary sclerosis)

V. Grave Asthma (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Dyckhoff M. D.

19 (Address) 711 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	8/10 1926
20 UNDERTAKER	ADDRESS
Henry W. Meare & Son	805 N. Calvert

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13134 E 13134

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4662 York Road St. 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Geiglein

(a) RESIDENCE NO. 4662 York Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Geiglein

6 DATE OF BIRTH (month, day, and year): March 27, 1851

7 AGE: Years 75 | Months 4 | Days 10 | IF LESS than 1 day.....hrs. or.....min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: George Meyer

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Pelz

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Emma Young (sister)

(Address): 4662 York Road

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7. 1926

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1926, to Aug 7, 1926, that I last saw h.. alive on Aug 6, 1926, and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Abdominal Cancer involving the Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

, 19 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Aug 10 1926

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Pierce

Spec.—1-10-21—M&T—1500 Bks.

13135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3100 Elliott ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna K. Weber

(a) RESIDENCE NO. 3100 Elliott ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Christian J. Weber

DATE OF BIRTH (month, day, and year) Jan. 27-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6 7	9 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

PARENTS

14 Informant Carrie Weber

(Address) 3100 Elliott St

15 Filed 8-7-1926 C. HAMPSON JONES, M. D. 19

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1926

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1926, to August 6, 1926, that I last saw her alive on August 6, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronstein, M. D.

(Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul's Cem. Violetville	Aug. 10 1926
20 UNDERTAKER	ADDRESS
Zirkler & Zirkler	1739 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13136 E 13136

CERTIFICATE OF DEATH.

113

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 76-8 WARD)

2-FULL NAME William Charles Goodwin

(a) RESIDENCE NO. 1009 S. East Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) Mar 18 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John J. Goodwin

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Ida Bram Schuyler

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs Wm C. Goodwin (Address) 1009 S. East ave

15 Filed ..... 19 ..... G. MAMPSON JONES M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Aug 9, 1926, that I last saw h[illegible] alive on Aug 9, 1926, and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Enter-colitis.

(duration) ..... yrs. ..... mos 24 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Stool examination

(Signed) J. R. Price, M. D.

, 19 (Address) Union Mem Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Aug 11 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13137

CERTIFICATE OF DEATH.

38 E 13137

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 N. Eden St. 5-2 Ward)

2-FULL NAME Loeven Henry

(a) RESIDENCE NO. 706 N. Eden St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Henry

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 51 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): _____

(State or country) Pocomoke M.D.

10 NAME OF FATHER Loeven Henry

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Pocomoke M.D.

12 MAIDEN NAME OF MOTHER Averta Waters

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Pocomoke M.D.

PARENTS

14 Informant Daisy Henry

(Address) 1412 E. McElderry St.

15 Filed _____ 19____ C. HARRISON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8. 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Aug 8, 1926, that I last saw him alive on Aug 7, 1926, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver (Chron.)

(duration) ____ yrs. 1 mos. ____ ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis unknown

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) R. J. Young, M. D.

Aug 8 1926 (Address) 1424 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pocomoke City M.D. Date of Burial: 8/10 1926

20 UNDERTAKER: Wm. Thos. G. Bailey ADDRESS 1421 Jefferson St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13138 E 13138

X 112

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST. ..... WARD)

2-FULL NAME Gilbert Kilgore

(a) RESIDENCE NO. Delta, Pa ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 24, 1910

7 AGE — Years: 16 — Months: 1 — Days: 14 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Delta Pa

PARENTS

10 NAME OF FATHER: S. Reid Kilgore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Rebecca Swaim

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Hospital Records (Address): .....

15 1926 C. HAMPSON JONES, M. D. Registrar

Per ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/8/26 19

17 I HEREBY CERTIFY, That I attended deceased from 7/27/26 to 8/8/26 19 ....., that I last saw h... alive on ..... 19 ....., and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pachymeningitis (Cause unknown) Duration about two weeks

CONTRIBUTORY (Secondary) Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Hampson M. D.

19 ..... (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Delta Pa — DATE OF BURIAL: Aug 10 1926

20 UNDERTAKER: Harry H. Weiz Co — ADDRESS: 1531 W Lanvale

E 13139

HEALTH DEPARTMENT—CITY OF BALTIMORE

160 E 13139

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2640 Bernard St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma May Craig

Residence in Baltimore: No. 2640 Bernard St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Infant

DATE OF BIRTH. July (Month) 9 (Day) 1926 (Year)

AGE. 0 yrs. 1 mos. 0 ds.

If LESS than 1 day, ...hrs. or.... min.

OCCUPATION:
a) Trade, profession, or particular kind of work.....
b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE. (State or Country) Baltscity Md.

10-NAME OF FATHER. John A. Craig

11-BIRTHPLACE OF FATHER. (State or Country) Maryland

12-MAIDEN NAME OF MOTHER. Annie Watson

13-BIRTHPLACE OF MOTHER. (State or Country) Virginia

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Craig

(Address) 2640 Bernard St.

Filed. 1926 C. HAMPSON JONES, M. D. Registrar. Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. (Month) 9 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Monroe M. D.
(Coroner)

8/9/ 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Marys Hampstead DATE OF BURIAL. Aug 10 1926

20-UNDERTAKER. Walter Davis ADDRESS 3307 Paine St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13140

CERTIFICATE OF DEATH.

57 E 13140

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 N Saratoga St. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Joseph Serio

(Residence in Baltimore: No. 663 N Saratoga St.; 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, April 27, 1865
(Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Producer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Dealer

9-BIRTHPLACE, (State or Country), Italy

10-NAME OF FATHER, John Serio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Fredericina

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Serio

(Address) 663 N Saratoga

15- C. HAMPSON JONES, M. D.

Filed ..... 191.....

1926 Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1926 to Aug. 7 1926, that I saw h... alive on Aug. 7 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

.....

Diabetes

.....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herbert C. Blake M. D.

8-7..., 1926 (Address) 1014 N Fa doryette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co

DATE OF BURIAL, Aug 10..., 1926

20-UNDERTAKER W M Routson

ADDRESS 2238 N Smith,

Spec.—12-9-25—A Co.—200 Bks.

13141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13141

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 305 N Greene St. 4-1 Ward)

2-FULL NAME Julia N. Fuller

(a) RESIDENCE NO. 305 N Greene St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Earl L Fuller

6 DATE OF BIRTH (month, day, and year): Oct 15 1899

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	26	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: 0

9 BIRTHPLACE (city or town) _____

(State or country): Poland

10 NAME OF FATHER: Wt Known

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Wt Known

12 MAIDEN NAME OF MOTHER: Wt Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Wt Known

14 Informant: Earl L Fuller

(Address): 305 N Greene St

C. HARRISON JONES, M. D.

15 Filed _____ 19 _____

Per ARW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Aug 8

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Aug 8, 1926

that I last saw her alive on July 10, 1926

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis (Far Advanced Type (4))

(duration) one yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) X (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Phys exam.

(Signed) James E Taggart, M. D.

, 19 (Address) 1015 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Burn — Date of Burial: Aug 10 1926

20 UNDERTAKER: W M Ronton — ADDRESS: 2238 W Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13142 E 13142

CERTIFICATE OF DEATH.

185

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 24-3 WARD)

2-FULL NAME Nathaniel Wilder

(a) RESIDENCE NO. 1300 Cookesie ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Wilder

DATE OF BIRTH (month, day, and year) Jan 20 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	7	6	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Va Portsmouth

10 NAME OF FATHER John D Wilder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portsmouth Va

12 MAIDEN NAME OF MOTHER Rebecca Hoopa

13 BIRTHPLACE OF MOTHER (State or country) Portsmouth Va

Informant (Address) Mrs Annie Jacobs 1739 E Clarement

JUL 1926 C. HARRISON JONES, M. D. Registrar

per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7, 1926

17

I HEREBY CERTIFY, That I attended deceased from June. 29, 1926 to Aug. 7, 1926.

that I last saw him alive on Aug. 7, 1926

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

fracture Left Femur.
(due to accidental fall)

(duration) ... yrs. 1 mos 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & X Ray

(Signed) M Bayne M. D.

. 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Aug 11 1926

20 UNDERTAKER John F Denny ADDRESS 715 Lexington St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13143

CERTIFICATE OF DEATH.

13 E 13143

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2028 Gough st St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anthony Sobus

(a) Residence No. 2028 Gough st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W.

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) S.

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) May 7 1926

8-AGE, yrs. 3 mos. 1 ds. IF LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer.

10-BIRTHPLACE (city or town). (State or Country), Baltimore

10-NAME OF FATHER Henry Sobus

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Poland

12-MAIDEN NAME OF MOTHER Frances Wolke

13-BIRTHPLACE OF MOTHER (city or town). (State or Country) Baltimore

14-(Informant) Henry Sobus

(Address) 2028 Gough st

15-Filed ..... 19.. C. HARRISON JONES, M. D. Registrar

Aug 10 1926 by RK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) August 8-1926

17- I HEREBY CERTIFY, That I attended deceased from August 1926 to August 8, 19 26

that I last saw h living on August 8, 19 26

and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Colon-Colitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

(Address) August 10 1926 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Stanislaus DATE OF BURIAL. Aug. 10, 19 26

20-UNDERTAKER. H. A. Ogazewski ADDRESS 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13144 — CERTIFICATE OF DEATH. — E 13144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 S. Ann (St.) 2-2 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bronislawa Klimczak

(a) RESIDENCE NO. 528 S. Ann St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

3 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 24 — 25

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	14	

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Peter Klimczak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Z. Kapitan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

PARENTS

14 Informant Z. Kapitan
(Address) 528 S. Ann St

15 Filed AUG 10 1926 HAMPSON JONES, M. D. Registrar
For RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 8, 1926, that I last saw h[illegible] alive on Aug 7, 1926 and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Rehberger, M. D.

, 19 (Address) 1709 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Aug 10 1926

20 UNDERTAKER J. H. Rozewski ADDRESS 1930 Eastern Ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13145

CERTIFICATE OF DEATH.

31 ✓ E 13145

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Payson & Dukeland ST., 13-16 WARD)

2-FULL NAME Samuel Heitman

(a) RESIDENCE NO. 911 Chauncey Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) December

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

Informant Jack Lewis
(Address) 1432 Eutaw

Filed ..... 19 .....
Registrar .....
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/11, 1926, to 8/9, 1926, that I last saw h living on 8/8, 1926, and that death occurred, on the date stated above, at 10 9. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

8/9, 1926 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mortuary Russian

DATE OF BURIAL 8/10 19 26

20 UNDERTAKER Jack Lewis 1432 Eutaw

ADDRESS Eutaw St

...r.—1-12-23—M&T—100 Bks.

13146

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13146

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. 731 Cumberland St 15-13 WARD)

2-FULL NAME Annie Young

(a) RESIDENCE NO 731 Cumberland St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
f	colored	single

married, widowed, or divorced HUSBAND of (or) WIFE of Child

ATE OF BIRTH (month, day, and year) Apr. 4—1926

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	4	25	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

RTHPLACE (city or town) Baltimore
(State or country)

0 NAME OF FATHER George Young.

1 BIRTHPLACE OF FATHER (City or town) Baltimore Md.
(State or country)

2 MAIDEN NAME OF MOTHER Annie Bowen

3 BIRTHPLACE OF MOTHER (City or town) Baltimore Md.
(State or country)

Informant Annie Young
(Address) 731 Cumberland St

Filed ... 1926 ... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia — Colitis

(duration) ..... yrs. ..... mos. 2 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Kemmey, M. D.
(Coroner.)
8/9, 192 (Address) 210 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Apr. 10 1926
20 UNDERTAKER Virginia G. Brooks	ADDRESS 1763 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4428 E 13147

16-002 E 13147

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-7 ST. WARD)

2-FULL NAME Elizabeth Pacifici

(a) RESIDENCE NO. 721 Eden St ST. Balto WARD Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	child

3 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 12, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Rme Pacifici

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Margaret Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed AUG 10 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug - 9, 1926, that I last saw her alive on Aug - 9, 1926, and that death occurred, on the date stated above, at 11 55- a. m.

The CAUSE OF DEATH* was as follows:

Dyscrasia with cerebral accident

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cerebral accident

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [redacted] E. Cornwall M. D.

Aug. 9, 1926 (Address) J. Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 11th 1926

20 UNDERTAKER Frank V. Carleton — ADDRESS 2818 E. Balto St

...e.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3148

CERTIFICATE OF DEATH.

90E 13148

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

ITY OF BALTIMORE: (No. Rayner & Dukeland ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harris Fine

(a) RESIDENCE NO. 149 N. Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	m	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

DATE OF BIRTH (month, day, and year) April 15-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery 034

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Mollie Fine

(Address) 149 N. Front St

C. HAMPTON JONES, M. D.

Filed OCT 10 1926, 19 Per R.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/10 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/9, 1926, to 8/10, 1926

that I last saw h[illegible]live on 8/10, 1926,

and that death occurred, on the date stated above, at 6.00 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sherwood Cemetery — DATE OF BURIAL 8/10 19 26

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

Jula.

E 13149 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 13149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore, Md. REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3603 Forest Park Ave ST. 15-4 WARD)

2-FULL NAME Frank S. Jula. (Julia)

(a) RESIDENCE NO. 3603 Forest Park Ave ST., WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | 4 COLOR OR RACE: W. | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Jula

DATE OF BIRTH (month, day, and year) Oct. 30 1853

AGE: Years 72 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ..... min. | 10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy.

10 NAME OF FATHER Jno. Jula

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Marie Jula

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Mrs. R. P. Jula

(Address) 3505 Newland St. D.

Filed 1926 (Clerk) HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1926, to Aug 10, 1926

that I last saw him alive on Aug 10, 1926

and that death occurred, on the date stated above, at 1 45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Hemiplegia Sinistra).

(duration) yrs. 1 mos. 24 ds. 30

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sym & Signs

(Signed) H. Sobagnia, M. D.

, 19 (Address) 1431 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Aug 12 1926
20 UNDERTAKER	**ADDRESS**
Wm Fickus Sons	Rockville

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13150 ✓ 45 E 13150

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME William B. F. Wright

(a) RESIDENCE NO. Willoughby Beach, ST. Norfolk WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Wm Wright

DATE OF BIRTH (month, day, and year) September 10 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 045

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Docks

(c) Name of employer J. J. Norton Mfg Co

BIRTHPLACE (city or town) Portsmouth (State or country) Va

10 NAME OF FATHER William Wright

11 BIRTHPLACE OF FATHER (city or town) Portsmouth (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Nolan

13 BIRTHPLACE OF MOTHER (city or town) Portsmouth (State or country) Va

Informant (Address) JOHNS HOPKINS HOSPITAL

Filed AUG 10 1926 Per ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9 1926

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1926, to Aug 9, 1926

that I last saw him alive on Aug 9, 1926,

and that death occurred, on the date stated above, at 10:20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory Studies

(Signed) Jones C Norton M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL Aug 10 1926

20 UNDERTAKER Wm J Tichner & Sons — ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-001 13151

1 PLACE OF DEATH 24-1

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Albert Troyer.

(a) RESIDENCE NO. Reisterstown, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6 If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXXXX Mary C. Troyer.

7 DATE OF BIRTH (month, day, and year): December 28, 1882.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	7	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer.

(b) General nature of industry, business, or establishment in which employed (or employer): 057

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Carroll Co. Md.

10 NAME OF FATHER: Theodore Troyer.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Emma Chenowith.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Carroll Co. Md.

14 Informant: Mary C. Troyer. (wife)

(Address): Reisterstown. Md.

15 Filed 10 1926 C. HAMPSON JONES, M. D. Per R.C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 August 8, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Struck and run over by train of W. Md. R.R. Co. Accidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Feinhardt M. D. (Coroner)

8/10 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? St. Georges, Balto. Co. Md. August 8, 1926.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: All Saints Cemetery Date of Burial: aug 11 1926

20 UNDERTAKER: J. F. Edwards Sons ADDRESS: Reisterstown Md

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13152

BE 13152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 St. James ST. 10-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Manning

(a) RESIDENCE NO. 1207 St. James ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

DATE OF BIRTH (month, day, and year) Feb 19. 1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Alberta Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

4 Informant: Frank Manning

(Address): 1207 St James st

5 Filed ....19.... C. HAMPTON JONES, M. D. Registrar

0 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 9 - 1926 to Aug 9 - 1926.

that I last saw him alive on Aug 9 - 1926.

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Entero - colitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Entero - colitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr C W Kennard M. D.

8-10. 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Glen — DATE OF BURIAL: 8/10 1926

20 UNDERTAKER: Jas Jos. Skinner — ADDRESS: 1625 E. Madison

Spec.—12-9-25—A Co.—200 Bks.

E 13153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13153

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4046 Park Heights Ave. St., 15-3 Ward)

2-FULL NAME Nathan B. Fleischer

(a) RESIDENCE NO. 4046 Park Heights Ave., St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Amelia Fleischer

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Austria

10 NAME OF FATHER Benj. Fleischer

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Austria

14 Informant Samuel Fleischer

(Address) 3207 Queensbury Ave.,

Filed AUG 10 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

8 - 10 - 26

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to Aug 10, 1926

that I last saw h.im alive on Aug 9, 1926

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — Place of death

Did an operation precede death? No Date of

Was there an autopsy? — No —

What test confirmed diagnosis? X-rays

(Signed) Joseph W. Kelly, M. D.

, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial Hebrew Rosedale 8-10 19 26

20 UNDERTAKER: Jacob Levin, ADDRESS: 1497 Bank

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13154

CERTIFICATE OF DEATH.

129 E 13154

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 715 So. Wolfe ST. 2-3 WARD)

2-FULL NAME KATHERINE DURACZYK,

(a) RESIDENCE NO. 715 So. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 44 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Duraczyk,

DATE OF BIRTH (month, day, and year) ? ? 1864.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife, 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Poland,

10 NAME OF FATHER John Cezrwinski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Mary Krolewczyk,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Andrew Duraczyk, (Husband)
(Address) 715 So. Wolfe Street

Filed 8 1926 G. HAMPSON JONES, M. D.
Registrar

Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 4 , 1926 , to Aug 4 , 1926 ,
that I last saw her alive on August 4th , 1926 ,
and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Heart failure & Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Signs & symptoms

(Signed) Jay D. Dunlap, M. D.

8/10 1926 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ST. STANISLAUS CEMETERY	8/12/26
20 UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann St

...c.—5-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13155

91-002

E 13155

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1654 Ashburton St. ST., 15-9 WARD)

2-FULL NAME Elinor Leach.

(a) **RESIDENCE NO.** 1654 Ashburton St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Leach

DATE OF BIRTH (month, day, and year) 1833

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER McGann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Barbara Gunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Mary B. Leach
(Address) 1654 Ashburton St

Filed ....., 19... C. HAMILTON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9th 19 26

17

I HEREBY CERTIFY, That I attended deceased from August 3rd 19 26 to August 7th 19 26, that I last saw her alive on August 7th 19 26, and that death occurred, on the date stated above, at 12³⁰ P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Cunnalan, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Josephs Cemetery, Govans, Md.	8/11 19 26
20 UNDERTAKER J. J. Moran	ADDRESS 3000 E. Baltimore

Spec.—1-10-21 M&T 1500 Blks.

E 13156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 90 E 13156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt St Agnes Convent ST. 77 Washington WARD) 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister M. Eulalia Moore

(a) RESIDENCE NO. Mount St Agnes Convent ST., Mt. Washington WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 5th 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Mercy

(b) General nature of industry, business, or establishment in which employed (or employer) Religious 065

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Not known

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Sister M. Immaculata

(Address) Mt Saint Agnes

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

AUG 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to Aug 10, 1926.

that I last saw h[illegible] alive on Aug 5, 1926,

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.

Chronic (interstitial) nephritis

Cerebral hypertension

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) N. Raymond Peters, M. D.

, 19 (Address) 1708 W. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt St Agnes Mt Washington	Aug 11 1926
20 UNDERTAKER	ADDRESS
Henry J Jenkins Son Co	McCulloh & Orchard Sts

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13157

CERTIFICATE OF DEATH.

12 E 13157

1-PLACE OF DEATH

City of BALTIMORE: (No. 3303 Piedmont Ave St 15-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Schwartz

(a) RESIDENCE NO. 3303 Piedmont ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Schwartz

DATE OF BIRTH (month, day, and year) March 15th 1865

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	4	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) Richmond

(State or country) Virginia

10 NAME OF FATHER Louis Ottenheimer

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Feldenheimer

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Mark E Wolf

(Address) 3303 Piedmont Ave.

Filed SEP 10 1926 THAMPSON JONES, M. D. Registrar

Per LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1, 19 26, to Aug 8, 19 26, that I last saw h.. alive on Aug 8, 19 26, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(durntion) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T Frederick Lentz, M. D.

Aug 9. 1926 (Address) 2040 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Hebrew Friendship 9/10 1926

20 UNDERTAKER — ADDRESS

J Ahrens Co. 3314 Reisterstown Rd

Spec.—1-10-21—M&T—1500 Bks.

E 13158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1002
109-E 13158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N. Bidde ST. 17-2 WARD)

2-FULL NAME Frances Moon Nelson

(a) RESIDENCE NO. 630 N. Bidde ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Nelson

DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Leighman Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Georgeanna Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Georgeanna Johnson
(Address) 630 N Bidde St

15 Filed ..... 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Aug 8, 1926.
That I last saw h[illegible] alive on Aug 7, 1926,
and that death occurred, on the date stated above, at 7:35 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ... yrs. 9 mos. ... ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. R. Lowry M. D.

19 (Address) 709 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 DEATH OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL Aug 11 1926

UNDERTAKER Samuel H Stanley ADDRESS 708 N Bidde

E 13159 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13150

CERTIFICATE OF DEATH.

Registered No. C 31

1-PLACE OF DEATH City of BALTIMORE (No. Franklin Sq. Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Turner

Residence in Baltimore: No. 218 N. Vincent St. (or Ward) ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

DATE OF BIRTH: Apr 18 1875 (Month) (Day) (Year)

AGE: 51 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.

OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

BIRTHPLACE, (State or Country): Md

10-NAME OF FATHER: Edward Turner

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Susan Turner

13-BIRTHPLACE OF MOTHER, (State or Country): Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Turner

(Address) West River, Md

Filed ..... C. HAMPSON JONES, M. D. Registrar.

1926 Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4th 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage (Duration) ...mos. ...ds.

(Signed) Thos. R. Horton M. D. (Coroner.)

Aug 10 1926 (Address) Parks Bay Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR, REMOVAL: Mt Zion DATE OF BURIAL: Aug 10 1926

20-UNDERTAKER: Joseph A Lucy ADDRESS: 409 N Mount St

.—1-12-23—M&T—500 Bks.

13160

HEALTH DEPARTMENT—CITY OF BALTIMORE

1071001 13160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 516 N. Vincient St. ST 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Neal Smith

(a) RESIDENCE No. 516 N. Vincient St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Negro	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) June 10th. 1926

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	0	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co. Va.

12 MAIDEN NAME OF MOTHER Amy Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

Informant William Smith (Farther)

(Address)

Filed 1926, 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-10 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 8th. 26, to Aug. 10 19 26,

that I last saw h... alive on Aug. 9th. 19 26,

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter U. Jackson, M. D.

19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	Aug 10 1926
20 UNDERTAKER	ADDRESS
Joseph A Lively	1819 W Mount St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13161

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No. 514 S. Lakewood St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Wisdenhoff

(a) Residence No. 514 S Lakewood St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Aug 5, 26

8-AGE. If LESS than 1 day. .....yrs.....mos.....ds. 6 hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. new born

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town) Baltimore (State or Country).

10-NAME OF FATHER. John Wisdenhoff

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Maryland

12-MAIDEN NAME OF MOTHER. Ida Stroh

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country) Maryland

14-(Informant) John Wisdenhoff

(Address) 514 S Lakewood

15-Filed ..... C. HAMPSON JONES, M. D. Registrar.

By Rsh

1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 5th

17-I HEREBY CERTIFY, That I attended deceased from Aug 5. 26 to Aug 5 26

that I last saw her alive on Aug 5 26

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) William J. Dazek M. D.

(Address) 701 N Lakewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ...19....

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Bks.

13162 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13162

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3111 Barclay ST. 12-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Harrison

(a) RESIDENCE NO. 3111 Barclay ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 25 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	18	7	13	—

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Lewis Harrison

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ella Francis

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Ella Harrison Mother
(Address) 3111 Barclay st

15 1926 C. HAMPSON JONES, M. D. Registrar
Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Aug 8, 1926, that I last saw h[illegible] alive on Aug 8, 1926, and that death occurred, on the date stated above, at 6 20 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C.

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

Aug 9 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Aug 11 1926
20 UNDERTAKER	ADDRESS
Thos J. G. Locke.	1302 Jeffers

pec.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13163

CERTIFICATE OF DEATH.

160 E 13163

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 E Biddle St. 10-2 Ward)

2-FULL NAME John J Davey

(a) RESIDENCE NO. 1014 E Biddle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, and year) May 30 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____ nil

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

BIRTHPLACE (city or town) _____

(State or country) Baltimore

10 NAME OF FATHER Thomas G Davey

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Marie Deiter

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore

14 Informant Thomas G Davey

(Address) 1014 E Biddle St

15 Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

Per _____

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1926

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to Aug 9, 1926

that I last saw ~~him~~ alive on Aug 9, 1926,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Toxic Fever at Birth

Malnutrition

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Wallace W White Jr M.D.

Aug 10, 1926 (Address) 7 E Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemty — Date of Burial: Aug 10 1926

20 UNDERTAKER: Robt J Turner Sons — ADDRESS: 1442 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

13164

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 13164

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3454 Park Heights Avenue St. 153 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine C. Hornick

(a) RESIDENCE NO. 3454 Park Heights Avenue WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Hornick

DATE OF BIRTH (month, day, and year) Do not know

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	--	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Bernard Hucht

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Geis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Harry M. Haus

(Address) Brattleboro, Vermont

15 Filed Aug 10 1926 C. EMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 3 1926 to Aug 8 1926

that I last saw her alive on Aug 7 1926

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-renal disease

Arteriosclerosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard McBurney M. D.

8/9 1926 (Address) Walbert Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 8/11 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N Calvert St

Dec.—1-10-21—M&T—1500 Bks.

13165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13165

CERTIFICATE OF DEATH.

28-2 129 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Springdale Ave

2-FULL NAME Annie M. Rockafeller

(a) RESIDENCE NO. 4108 Springdale Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of AAron D. Rockafeller

DATE OF BIRTH (month, day, and year) July 26th, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	-	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Danville Pa.

10 NAME OF FATHER ------ Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER ------ Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Mrs John R. Hughes 4108 Springdale Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10th, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to Aug 11, 1926,

that I last saw h alive on Aug 10, 1926,

and that death occurred, on the date stated above, at 9.10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Cerebral Hemorrhage

Symptoms

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical symptoms

(Signed) Wendage R. Buchoz, M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville, Montour Co. Penna.

DATE OF BURIAL Aug 11th, 26

20 UNDERTAKER Bertram Gore

ADDRESS 1023 Mad- ison Ave

...—12-9-25—A Co.—200 Bks.

Esther Beale 13166 — E 13166 — 1926 JC 1896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3612 Hanley Ave. Ward 20-3)

2-FULL NAME Mary A. Steele

(a) RESIDENCE NO. ~~3612 Hanley~~ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 30th 1896

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	3 4	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.

(State or country)

10 NAME OF FATHER Henry Folk

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Geisel

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Willard F. Steele

(Address) 2211 Bush St

15 Filed _____ 1926 Per _____ Registrar

C. F. AMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to Aug 9, 1926

that I last saw h[illegible] alive on Aug 9, 1926

and that death occurred, on the date stated above, at 2 39 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulm)

(duration) 6 yrs. mos. ds.

CONTRIBUTORY _____

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Cl. & Phy. Exam

(Signed) Fred T. Kyper, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Aug 11th 19 26

20 UNDERTAKER J. B. Hufford ADDRESS 1508 W. Balto St

r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13167 E 13167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Y OF BALTIMORE: (No. Ind. Gen. Hospital WARD) 11-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bonnie Ford

(a) RESIDENCE NO Sparrows Point Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 1904

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21			

CUPATION OF DECEASED
) Trade, profession or rticular kind of work Laborer 040
) General nature of industry, siness, or establishment in hich employed (or employer) Bethlehem Steel Co.

Name of employer

THPLACE (city or town tate or country) Lynchburg Va

NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (city or town) Va
(State or country)

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (city or town) Va
State or country)

nformant Stanley Ford
Address) Prospect Va

1926 C. HAMPSON JONES, M. D. Registrar
Per RFH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns of body

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Electricity accidental

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D.
(Coroner)

8/10, 1926 (Address) Prospect Va

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Va	Aug 10 1926
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

13168

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 13168

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Jud. Geil. Hosp. 13 ST.: WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Ely III

(Residence in Baltimore: No. 706 N. Kenwood Ave. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Oct. 24, 1925
(Month) (Day) (Year)

7-AGE ..... yrs. 9 mos. 14 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baeto. Md.

PARENTS

10-NAME OF FATHER James Ely

11-BIRTHPLACE OF FATHER (State or country) Baeto. Md.

12-MAIDEN NAME OF MOTHER Louise Conover

13-BIRTHPLACE OF MOTHER (State or country) Thurmont, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father

(Address) Above

15-

Filed 1926 Per .....

C. HAMPSON JONES, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug. 8, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1926. to. Aug. 8 1926.
that I saw h— alive on Aug. 8 .1926.,
and that death occurred, on the date stated above, at 10:45 P. m.
The CAUSE OF DEATH* was as follows:

Acute Gastro-Enter. Fs

(Duration) ..... yrs. ..... mos. 1 ds

Contributory Toxemia & Exhaustion
(SECONDARY)

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Fred W. Smith M. D.

Aug. 9, 1926. (Address) 11 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cemetery | DATE OF BURIAL Aug 11, 1926

20-UNDERTAKER Chas. G. Black | ADDRESS 742 W. Fortts ave

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13169

CERTIFICATE OF DEATH.

E 13169
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1429 W. Fayette ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert B. Hynes

(a) RESIDENCE NO. 1429 W. Fayette ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Apr 1. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Jos. R. Hynes

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Gould

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

Informant Florence M. Nest
(Address) 4004 Seminary

Filed AUG 1 1926 THAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1922, to aug 9, 1926.
that I last saw him alive on aug 9, 1926,
and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George E Hamill M. D.
, 19 (Address) 212 W. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug 11 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13170

CERTIFICATE OF DEATH.

X 118 E 13170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 17-1 WARD)

2-FULL NAME Dr. Francis S. Packard

(a) RESIDENCE NO. Norlina, N. C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Packard

DATE OF BIRTH (month, day, and year) Feb 18 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	✓	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work M. D.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maine

10 NAME OF FATHER Levi Packard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Rebecca C. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

Informant F. S. Packard Jr.

(Address) Roland Park Apts.

Filed AUG 11 1926 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/9/26, 19, to 8/10/26, 19, that I last saw h[illegible] alive on 8/10/26, 19, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis 1 day

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction Perforation abscess

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Norlina, N. C.

Did an operation precede death? Yes Date of 8/5/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Sparks M. D.

19, (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norlina N.C.	Aug 11 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W. Fayette St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13171 — CERTIFICATE OF DEATH. — 13171

31

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Frederick Ave. St.) 20th (WARD)

2-FULL NAME Edward Sheets

(a) RESIDENCE No. 2640 Frederick Ave. St., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed or divorced HUSBAND of Edna M. Sheets
WIFE of

DATE OF BIRTH (month, day, and year): Jan 7 — 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48.	6	1	

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Beef Boner.

(b) General nature of industry, business, or establishment in which employed (or employer): Abb

(c) Name of employer: Heintz

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Charles Sheets

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Edna Hains

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

Informant: Edna M. Sheets.
(Address) 2640 Frederick Ave.

Filed ....., 19 ..... Registrar C. HAMPSON JONES, M. D.
AUG 11 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/8 — 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/6 — 1926, to 8/8 — 1926
that I last saw him alive on 8/8 — 1926,
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Chas A Cochran, M. D.

8/10, 1926 (Address) 2105 N Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	Aug 11 1926
UNDERTAKER	ADDRESS
F.W. Gazewski	1930 Eastern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13172 ✓ 113 E 13172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 631 S Patterson Pk (St.) (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H Whitner

(a) RESIDENCE No. 631 S Patterson Pk Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: —

DATE OF BIRTH (month, day, and year): Dec 25

AGE: Years — Months 7 — Days — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore.

10 NAME OF FATHER: Charles Whitner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rodka.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

Informant: Mrs. H Whitner
(Address) 631 S Pat Pk Ave

Filed 11 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 8. 1926. to Aug 10 1926.

that I last saw her alive on Aug 10. 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

*Entero Colitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Rogers M. D.

(Address) 801 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Aug 12 1926

UNDERTAKER: F. W. Orozewski

ADDRESS: 1930 Eastern

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13173

13173

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals WARD 3rd)

2-FULL NAME Dominic Risso

(a) RESIDENCE NO. 404 S. Exeter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ? ds. How long in U. S., if of foreign birth? 15 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 5/3/1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 040

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

BIRTHPLACE (city or town) ..... (State or country) Italy

10 NAME OF FATHER Louis Risso

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Italy

12 MAIDEN NAME OF MOTHER Veronica ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Italy

Informant City Hospitals Records
(Address)

Filed AUG 11 1926 19.... C. HAMPSON JONES, Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to August 7, 1926

that I last saw him alive on August 7, 1926

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic
Aortic insufficiency.

(duration) 1 yrs. 4 mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? General a Lab.

(Signed) C. Holmes Boyer, M. D.

, 19.... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery

DATE OF BURIAL 8/11 1926

20 UNDERTAKER George J Ruth

ADDRESS 1738 Hollins Ave

Spec.—12-9-25—A Co.—200 Bks.

E 13174

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002 E 13174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1831 Clifton Av St 15-11 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bass

(a) RESIDENCE NO. 1831 Clifton Av. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 8 in 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

BIRTHPLACE (city or town) Canton

(State or country)

10 NAME OF FATHER Solomon Bass

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ella Freudenberg

13 BIRTHPLACE OF MOTHER (city or town) Canton

(State or country)

Informant Solomon Bass

(Address) 1831 ~~Clifton Av~~

Filed ... 19 ... per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1926, to Aug 10, 1926, that I last saw h. alive on Aug 10, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alfred A. Bondeck M. D.

Aug 10 1926 (Address) 2221 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mehrer Friedsburg Cr 8/11 1926

20 UNDERTAKER — ADDRESS

Jack Lewis 1439 Eastern Av

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13175

CERTIFICATE OF DEATH.

90 E 13175

E 13175
1-PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 12-5 WARD)

2-FULL NAME Mattie Brown

(a) RESIDENCE NO. 405 E. 21½ ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) Unknown 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Virginia
(State or country)

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant City Hospitals Records
(Address)

Filed ....19.... G. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29 .19 25. to Aug. 9 .19 26
that I last saw her alive on Aug. 9 .19 26.
and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency
myocardial insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen. med. & lab.

(Signed) E. Hollins Cook M. D.
19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashery Cemetery — DATE OF BURIAL Aug 12 1926

20 UNDERTAKER Mrs. P. G. Elliott — ADDRESS 1725 Ashland

Spec.—1-10-21 M&T 1500 Bks.

E 13176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129 E 13176

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hebrew Hospital WARD)

2-FULL NAME Bertha Abernethy

(a) RESIDENCE NO. 641 N Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George E Abernethy

DATE OF BIRTH (month, day, and year) ? 1879

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER [redacted]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [redacted]

12 MAIDEN NAME OF MOTHER [redacted]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Next of Kin

(Address) Next of Kin Records

Filed 1926 Per [redacted] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1926, to Aug 10, 1926, that I last saw h[illegible] alive on Aug 13, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical signs, symptoms & autopsy

(Signed) [redacted] M. D.

8/11, 1926 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D.C.

DATE OF BURIAL 8/12 1926

UNDERTAKER [redacted]

ADDRESS [redacted]

Cor.—12-9-25—A Co.—200 Bks.

13177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

E 13177

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward) 24-2

2-FULL NAME Clinton E. Akers.

(a) RESIDENCE NO. 1707 Jackson St. St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) October 31, 1916

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	9	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Noah Akers.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Joppa, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kroll.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Joppa, Md.

Informant Elizabeth Akers. (mother)

(Address) 1707 Jackson St.

Filed 11 1926 19____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction.
Acute dilatation of the Heart.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto Leonhardt M. D.
(Coroner)

8/9, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs.,...mos.,...ds. In the State...yrs.,...mos.,...ds.

Where was disease contracted, if not at place of death? 1707 Jackson St. August 5, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Aug 11 1926

20 UNDERTAKER Chas. L. Grosss. ADDRESS 127 S Fort Ave

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13178

CERTIFICATE OF DEATH.

11 E 13178

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Morris Brown

(a) RESIDENCE NO. 1633 E. Monument ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida -

DATE OF BIRTH (month, day, and year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs or . min.
	39			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Maggie Henson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Records (Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1926 to Aug 7th 1926, that I last saw h[illegible]ive on Aug 7th 1926, and that death occurred, on the date stated above, at 10 1o P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis with Peritonitis and Intestinal Obstruction

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? yes Date of Aug 4 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Post mortem Examination

(Signed) J. S. Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Aug 11 19 26

20 UNDERTAKER Samuel A Hemsley

ADDRESS 1[illegible] Eddie

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 13179 E 13179

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 3908 Maine Ave - St.: 15-1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Dr Leonard Zepp

(Residence in Baltimore: No. 3908 Maine Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m | 4. COLOR OR RACE: w | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

6. DATE OF BIRTH: Feb (Month) 24 (Day), 1845 (Year)

7. AGE: 81 yrs. 5 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Maryland

PARENTS

10. NAME OF FATHER: Lawrence Zepp

11. BIRTHPLACE OF FATHER (State or country): Maryland

12. MAIDEN NAME OF MOTHER: Susan Cook

13. BIRTHPLACE OF MOTHER (State or country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. M. Zepp

(Address) 3908 Maine Ave

15. Filed Aug 14 1926 C. HAMPSON JONES, M. D. REGISTRAR

Per L. K.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 11 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1926 to Aug. 11th 1926.
that I saw him alive on Aug 11th, 1926.
and that death occurred, on the date stated above, at 4 10 am.
The CAUSE OF DEATH* was as follows:

Apoplexy —

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Senility - Nephritis Chr.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. P. Byerly M. D.

Aug 11th, 1926 (Address) 804 W. Pr. ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Westminster. Md. | DATE OF BURIAL: Aug 13, 1926

20. UNDERTAKER: J. A. Sharrer & Son | ADDRESS: Westminster Md

Spec.—1-10-21—M&T—1500 Blks.

E 13180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 13180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St.) (Ward) Baltimore

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John Blaisdell.

(a) RESIDENCE NO. 913 W. Fayette St. ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 20—1860

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ...

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mattie T. Blaisdell.
(Address) 913 W. Fayette St.

15 Filed ... 1926 ... 19 ... Registrar C. HARRISON JONES, M. D.

For R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1926, to Aug 10, 1926, that I last saw h in alive on Aug 10, 1926, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Disseminated Tuberculosis, Hernia Right Complete Femoral Strangulated

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia,

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

, 19 (Address) Franklin Square Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug. 12 1926

20 UNDERTAKER: Mr. & Mrs. John H. Teufel & Son ADDRESS: 801 W. Fayette St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13181

CERTIFICATE OF DEATH.

113 E 13181

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Bailey.(C)

(a) RESIDENCE NO. 1614 Jefferson St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fmale.	Colored	Single.

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, and year) October 17, 1925.

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	;--	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Carroll Bailey.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lola Haskins.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Lola Bailey.(C) mother.

(Address) 1614 Jefferson St.

Filed _____, 19__ C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 10, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea

Lobar Pneumonia.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/11 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1614 Jefferson St. August 7, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Ashury Cemetery Aug. 11 1926

20 UNDERTAKER Mrs. F. A. Elliott ADDRESS 1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13182

CERTIFICATE OF DEATH.

74-001

E 13182

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 Carter St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Byrd.(C)

(a) RESIDENCE NO. 1506 Carter St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Widower.

If ~~XXXXX~~ widowed, ~~XXXXXX~~ HUSBAND of (~~XXXXXXX~~ Martha Byrd.(C)

DATE OF BIRTH (month, day, and year) January 6, 1871

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	7	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Virginia.

10 NAME OF FATHER Egypt Byrd.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Ann Byrd.(C)

13 BIRTHPLACE OF MOTHER (city or town) ___

(State or country) Virginia.

14 Informant Mamie Madison.(C) niece.

(Address) 1506 Carter St

15 Filed ___ 19 ___ C. Hampson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Leinhardt M. D. (Coroner)

8/11 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or asual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemtry Date of Burial aug 11 1926

20 UNDERTAKER Thos R. A. Elliott ADDRESS 1725 Eutaw

Spec.—1-1915—M&T—1500 Bks.

9 28 53

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13183

CERTIFICATE OF DEATH.

+ 44 E 13183

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

2-FULL NAME Morgan C. Morgan

(a) RESIDENCE NO. Alexander, W Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Va-

10 NAME OF FATHER Parley Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Mina Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1926

17

I HEREBY CERTIFY, That I attended deceased from June 12th, 1926, to Aug 10th, 1926, that I last saw h[illegible]live on Aug 10th, 1926, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows: Brain Tumor

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — Date of June 22 July 17 1926

Did an operation precede death? yes

Was there an autopsy? yes.

What test confirmed diagnosis? operation.

(Signed) Robert W McKay M. D.

, 19 (Address) J. H. H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alexander W Va — DATE OF BURIAL Aug 11 1926

20 UNDERTAKER Joseph Abrens — ADDRESS 221 Bway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13184

CERTIFICATE OF DEATH.

94-002

E 13184
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2702 Violet Ave St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Perry

(a) RESIDENCE NO. 2702 Violet Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

a If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude Perry

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60	60	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) Russia

10 NAME OF FATHER Harry Perry

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Jack Levis

(Address) 1439 Eastern Ave

15 Filed AUG 19 1926 C. HARRY JONES, M. D.

Registrar

Per DC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 10 - 26

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Aug. 10, 1926, that I last saw h. alive on Aug 10, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Baylin, M. D.

8/11, 1926 (Address) 210 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Rosedale	8/12 1926
20 UNDERTAKER	**ADDRESS**
Jack Levis	1439 E Balto St

ec.—6-9-19—H. P. Co.—1000 Bks.

E 13185

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001 ✓

100 E 13185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 W Saratoga ST. 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Lee Morton

(a) RESIDENCE. NO. 1622 W. Saratoga ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 3 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug 29-1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Parksville Va

12 MAIDEN NAME OF MOTHER Augustine Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Reynolds Va.

Informant Mr. Augustine Morton
(Address) 1622 Saratoga St

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar
1 1926 Per NAW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/3, 1926, to 8/9, 1926

that I last saw h[illegible] alive on 8-9, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) J. H. Watkins, M. D.

8/10. 1926 (Address) 1200 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	8-10 1926
20 UNDERTAKER	ADDRESS
Joseph A Daily	409 Fremont St.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 13186 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13186

162

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital — Registered No. .....

City of BALTIMORE: (No. Lombard & Greene St., 22-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Height

(a) Residence No. 538 W. Lee St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

4-COLOR OR RACE: Black

5-Single, Married, Widowed or Divorced. (Write the word.): Baby

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

DATE OF BIRTH (month, day and year): 8-10-26

AGE. ... yrs. ... mos. ... ds.

If LESS than 1 day, 13 hrs. or 40 min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Baby Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or Country): Md

10-NAME OF FATHER: Edward Height

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Hurley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

(Informant):

(Address):

Filed ... C. HAMPSON JONES, M. D. Registrar.

1926 Per ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 8-10-26

17- I HEREBY CERTIFY, That I attended deceased from 8-10 19 26 to 8-10 19 26

that I last saw h.e.r. alive on 8-10 19 26

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Unknown

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Esa F. Dodge M. D.

19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. ..... 19....

20-UNDERTAKER. | ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health AUG 11 1926

Cor.—12-9-25—A Co.—200 Bks

3187

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 188-003 E 13187

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hosp 28 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hoffman

(a) RESIDENCE NO. X 4401 Kathland Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert N. Hoffmann

6 DATE OF BIRTH (month, day, and year) April 19, 1866

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	3	24 25	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country) New York

10 NAME OF FATHER Edward Englar

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bavaria, Germany

12 MAIDEN NAME OF MOTHER Margaret Weners

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Albert N. Hoffman

(Address) 102-26 Eighty-fifth Road, Long Island, New York

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DE[illegible]

16 DATE OF DEATH (month, day, and year) 8-12 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage rshock

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Sarcoma 7 3 Branches of Rectal Tubes and Abdomen

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

8-11 19 26 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

14 yrs Prostate cancer

Former or usual residence?

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Hill, L.I, N.Y. Date of Burial Aug. 12 19 26

20 UNDERTAKER Jos B Cook ADDRESS 1082 Belair

c.—1-12-23—M&T—500 Bks.

E 13188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13188

CERTIFICATE OF DEATH.

+ 51

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital ST., H-1 WARD)

2-FULL NAME Barbara Gantz

(a) RESIDENCE NO. #9 Township Rd. Dundalk (Md.) ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of George J. Gantz

ATE OF BIRTH (month, day, and year) Aug 12 1884

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	11	28 30	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) New Kensington Pa
(State or country)

10 NAME OF FATHER John Brewerton

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Matilda Smith

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

Informant George J. Gantz
(Address) 9 Township Road Dundalk

Filed 1926 C. HAMPSON JONES, M. D.
, 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11/26 19

17 I HEREBY CERTIFY, That I attended deceased from 8/1/26, 19..., to 8/11/26, 19...,

that I last saw h.r alive on 8/11/26, 19...,

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic fever.
Septicemia. (Strep. hemolytica).

4 weeks (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Toxemia.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes 8/11/26

What test confirmed diagnosis? Phy. Exam. Lab. Autopsy.

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beaver Pa Via Penn RR

DATE OF BURIAL Aug 11 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

E 13189 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13189

CERTIFICATE OF DEATH.

167-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1631 Fred'k Ave St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester A Dillon

Residence in Baltimore: No. 1621 Frederick Av St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced. (Write the word.): S

DATE OF BIRTH: Aug 24 (Month) (Day) 1895 (Year)

AGE. 30 — 31 yrs. 11 mos. 16 ds. — If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
a) Trade, profession, or particular kind of work: Store keeper 034
b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country): Pa. Altoona

10-NAME OF FATHER: John E Dillon

11-BIRTHPLACE OF FATHER, (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Mary L Snook

13-BIRTHPLACE OF MOTHER, (State or Country): Pa

I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Dillon

(Address) 124 Walnut St Altoona Pa

4 2 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 10 (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos B Norton M. D.

(Coroner)

Aug 11 192 6 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. Md

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL: Altoona Pa — DATE OF BURIAL: Aug 14 1926

20-UNDERTAKER: W M Routson — ADDRESS 2238 N 20th Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

13190

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 13190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

Registered No.

City of BALTIMORE: (No. Lombard & Greene 76-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Chaillie

(a) Residence No. 444 N. Harlan Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Albert Chaillie

7-DATE OF BIRTH (month, day and year) Unknown

8-AGE. 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Maryland

10-NAME OF FATHER, Stanislaus Beskowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Catherine Kowalski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

(Informant) Albert Chaillie

(Address) 444 N. Harlan Ave

DEC 2 1926 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8-10-26

17- I HEREBY CERTIFY, That I attended deceased from 8-9-, 1926, to 8-10, 1926

that I last saw her alive on 8-10-, 1926

and that death occurred, on the date stated above, at 5 45 P.M.

The CAUSE OF DEATH* was as follows:

Eclampsia post partum

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hyp. Edema

(Signed) E. T. Dodge M.D., M. D.

8/10/26 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary

DATE OF BURIAL, 8/14, 1926

UNDERTAKER, M. Falkowski

ADDRESS 1618 Eastern

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13191 — CERTIFICATE OF DEATH. — 185 — E 13191

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1709 Guilford Ave. St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Green.

(a) RESIDENCE NO. 1709 Guilford Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

DATE OF BIRTH (month, day, and year) July 31, 1831

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	95	0	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of indnstry, bnsiness, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Harford Co. Md.

10 NAME OF FATHER Giles T. Green.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Deborah Kirkwood.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Harford Co. Md.

14 Informant Margaret Green. (niece)

(Address) 1709 Guilford Ave.

15 Filed 8 12 1926. C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 10, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the left leg above knee.
Shock. Accidental fall down stairs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Leinhardt M. D.
(Coroner)

8/11 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Stewartstown, Pa. August 7, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 8/13 1926

20 UNDERTAKER Chas. T. Maus & Son ADDRESS 18 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13192

CERTIFICATE OF DEATH.

90 E 13192

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2144 E. Federal ST. 8-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna B. Jensen

(a) RESIDENCE No. 1631 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. - mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Jensen

6 DATE OF BIRTH (month, day, and year): July 15 1880

7 AGE — Years: 46 — Months: — — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. Giel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Gessner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Frank Jensen

(Address) 1631 N. Durham St

15 Filed GT 2 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 4 1926 to Aug 13 1926

that I last saw h alive on Aug 11 1926

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows: acute diffuse nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dil Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? findings

(Signed) Thos. A. Dunphy M. D.

19 (Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Aug 14 1926

20 UNDERTAKER: Henry Hoech Son — ADDRESS: 2301 E Eager

pec.—1-10-21—M&T—1500 Bks.

(Lowdenslager)

HEALTH DEPARTMENT—CITY OF BALTIMORE

13193

CERTIFICATE OF DEATH.

129 E 13193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 14-1 WARD) Baltimore

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Lowdenslager

(a) RESIDENCE No. 14 N. Carey St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 20 1842

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Collector, Oil

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Soloman Lowdenslager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett France

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Stephen W. S. Lowdenslager

(Address) 1906 W Fayette St

Filed OCT 2 1926 Per C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to Aug 11, 1926, that I last saw him alive on Aug 11, 1926, and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Uremia sclerosis
Chronic Interstitial Nephritis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uremia Coma, 8 hrs.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Geo. Coons, M. D.

, 19 (Address) Franklin Square Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 14 1926

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13194

CERTIFICATE OF DEATH.

129 E 13194

1-PLACE OF DEATH

Garage-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 410 Maryland St. 27 WARD)

2-FULL NAME Mary Hambleton Buck

(a) RESIDENCE NO. 410 Maryland St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Harr.

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac A. McNeal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Martha Lorymal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Martha E. Monath

(Address) 410 Maryland ave.

Filed Aug 12 1926 19 S. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to Aug 10, 1926, that I last saw h alive on Aug 10, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

for 10 days.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John H Crans M. D.

, 19 (Address) 612 W 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Aug 13 1926
UNDERTAKER	ADDRESS
Jo. Mitchell	1201 W Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 13195 REGISTERED NO. E 13195

1-PLACE OF DEATH

City of BALTIMORE: (No. 2623 E. Monument St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Loeblein

(a) RESIDENCE NO. 2623 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 24/07

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	10	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Dental 066 Supply

(c) Name of employer

BIRTHPLACE (city or town): City

(State or country)

10 NAME OF FATHER John B. Loeblein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Julia A. Aug Siermann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant John B. Loeblein

(Address) 2623 E. Monument

Filed AUG 12 1926 C. THOMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10th 25, to Aug 9th 26, that I last saw h[illegible] alive on Aug 9th 26, and that death occurred, on the date stated above, at 11 0, m.

The CAUSE OF DEATH* was as follows:

Intra Pericardial Hemorrhage Coronary Thrombosis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Sloan, M. D.

Aug 10, 1926 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 8/12 1926

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13196

CERTIFICATE OF DEATH.

185E 13196

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 Reisterstown Rd 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Matassa

(a) RESIDENCE NO. 4504 Reisterstown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincenzo Matassa

6 DATE OF BIRTH (month, day, and year) Feb. 2-1851

7 AGE 75. Years 6 Months 9 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. H.

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Lamartina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Louis Matassa

(Address) 4504 Reisterstown Rd.

15 Filed 12 1926 C. HAMPSON JONES, M. D. Registrar

Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3d, 1926, to Aug. 10, 1926, that I last saw her alive on Aug. 10, 1926, and that death occurred, on the date stated above, at 9 00 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia (Cor)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Accidental fall

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Armin Greenbaum, M. D.

8/12, 1926 (Address) 3907 Br. Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 8/13 1926

20 UNDERTAKER Geo. J Ruth

ADDRESS 1737 Harford Ave

pec.—1-10-21—M&T—1500 Bks.

(Clenard Galbraith)

945-5-5 E 13197

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13197

CERTIFICATE OF DEATH.

22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSP. ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clenard Galbraith

(a) RESIDENCE No. 1424 E - Lexington ST. Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 11 - 1924

AGE: Years 2 yrs. Months 1 Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md —
(State or country)

10 NAME OF FATHER Daniel Galbraith

11 BIRTHPLACE OF FATHER (city or town) N-Car.
(State or country)

12 MAIDEN NAME OF MOTHER Ida Wade

13 BIRTHPLACE OF MOTHER (city or town) N-Car.
(State or country)

Informant Records
(Address)

FILED JOHNS HOPKINS HOSPITAL AUG 12 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926. to Aug 11, 1926.

that I last saw him alive on Aug - 11, 1926.

and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas W. Comvaldt M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemty — DATE OF BURIAL: 8/12/1926

20 UNDERTAKER: Byron Wright — ADDRESS 1218 W. Eldery

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13198

CERTIFICATE OF DEATH.

44 E 13198

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1232 N Gay St., 8-4 Ward)

2-FULL NAME Mary E Kepler

(a) RESIDENCE NO. 1232 N Gay St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

6 If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: the late Wm P Kepler

7 DATE OF BIRTH (month, day, and year): March 15 1844

AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	82	4	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country) Baltimore

10 NAME OF FATHER George Howard

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie Erwin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant Blanch E Kepler

(Address) 1232 N Gay St

15 Filed_____, 19_____ Registrar

DEC 2 1926 C. HAMPSON Jr. M.D.

Per OK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10. 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to Aug. 10, 1926, that I last saw her alive on Aug. 10, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

gastric carcinoma

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Fel Engnes, M. D.

8/11, 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Aug 10 1926

20 UNDERTAKER: Robt. J. Lamont — ADDRESS 1642 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13199 74-09 E 13199

CERTIFICATE OF DEATH.

E 13199

1-PLACE OF DEATH

City of BALTIMORE: (No. 1601 E. Preston St. St. 15-12 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Parr.

(a) RESIDENCE NO. 1900 Pulaski St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

If ~~MARRIED, widowed, XXXXXXX~~ HUSBAND of (~~XXXXXXX~~) Estella Parr.

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	-------		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town):

(State or country) Baltimore, Md.

10 NAME OF FATHER Michael Parr.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary E. Buttner.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany.

Informant Elizabeth Stewart. (sister)

(Address) 1204 N. Bond St.

FILED AUG 12 1926 C. HAMPSON JONES, M.D. Per ___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 10, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Lembardt M. D. (Coroner)

8/11 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holly Redeemer	Aug 13 1926
20 UNDERTAKER	ADDRESS
Balt. Lumber Co.	1440 N Broadway

1644 S Hanover st

Spec.—1-10-21—M&T—1500 Bks.

E 13200 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13200

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1184 Cleveland St. St. 21-2 WARD)

2-FULL NAME William E. Sands

(a) RESIDENCE No. 1184 Cleveland St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances M. Sands

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1878

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass-Blower

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Mfg.

(c) Name of employer Swindell Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Robert Sands

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lilly Worley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

PARENTS

14 Informant Mrs. Frances Sands (Wife)

(Address) 1184 Cleveland St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1926 to Aug 10 1926

that I last saw him alive on Aug 10, 1926

and that death occurred, on the date stated above, at 10.50 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. E. Campbell, M. D.

12 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug. 13 1926
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	Westp 2311 W

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13201

CERTIFICATE OF DEATH.

74-001

E 13201
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 420 Wilson Terrace 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malinda J. Frey

(a) RESIDENCE NO. 420 Wilson Terrace Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Humphrey Frey

DATE OF BIRTH (month, day, and year) ? 1848

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant Rev. J. Frey

(Address) 420 Wilson Terrace

Filed GT 2 1926 EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 10, 1926, that I last saw h[illegible] alive on Aug 10, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Age & Height Senility

(duration) yrs. 7 mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) G. F. Adel, M. D.

, 19 (Address) 426 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Va Barbourville Orange Co. Date of Burial 8/12/26

20 UNDERTAKER Chas. Alexander ADDRESS 1406 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

13202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 13202

REGISTERED NO.

1-PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. ..... ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Laura Belle Stemm

(a) RESIDENCE NO. Linwood Carroll County Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Stemm

DATE OF BIRTH (month, day, and year): Feb. 14, 1858.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	27 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Frederick County. Md.

10 NAME OF FATHER: Dead.

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Dead.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

Informant (Address): William Stemm Linwood Md Rt 2

Filed 2 1926, 19 ... H. JAMES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Aug 11, 1926, that I last saw h[illegible] alive on Aug 11, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis - Chronic diffuse nephritis.

? (duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia, Intoxication

9 days (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of Aug 2, 1926.

Was there an autopsy? none.

What test confirmed diagnosis? Clinical

(Signed) [signature] M.D.

, 19 (Address) Maryland Gen Hospital Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbridge Md — DATE OF BURIAL: Aug 14 1926

20 UNDERTAKER: W M Routson — ADDRESS: 223 N Smith

Spec.—1-10-21—M&T—1500 Bks.

E 13203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13203

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Gilmore ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alphonso Smith

(a) RESIDENCE NO. 1034 N. Gilmore ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 31-1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City Md

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Rosa Brown

(Address) 1034 N Gilmore St

1926 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 10 ..., 19 26 ..., to Aug 11 ..., 19 26.

that I last saw him alive on Aug 11 ..., 19 26 ...

and that death occurred, on the date stated above, at 10 a-m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis - Colitis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed) B. N. Hatcher, M. D.

8/11, 1926 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Aug 13/1926

20 UNDERTAKER Daniel Easton

ADDRESS 766 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 13204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13204

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 N. Carey ST., 16-6 WARD)

2-FULL NAME Ernestine Alamita Filbert

(a) RESIDENCE NO. 921 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

DATE OF BIRTH (month, day, and year): Jan 18t. 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	6		28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

BIRTHPLACE (city or town) (State or country): Balto, Md

10 NAME OF FATHER: Albert C. Filbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Florida

12 MAIDEN NAME OF MOTHER: Ethel C. Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Albert C. Filbert

(Address): 721 N. Carey St

Filed 1926, 19 .... RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10th 1926 to Aug 11th 1926.

That I last saw her alive on Aug 10th 1926

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Sepsis - Criminal

6 days

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 724 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Aug 13-1926

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Pine

Cor.—12-9-25—A Co.—200 Bks.

E 13205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 13205

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie M.Conaway.(C)

(a) RESIDENCE NO. 1342 Argyle Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Married.

a If married, widowed, or divorced (or) WIFE of William T.Conaway.(C)

DATE OF BIRTH (month, day, and year) August 24,1903.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	11	16	15

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Washington, D.C.

10 NAME OF FATHER Joseph C.Nichols.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Victoria May.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

Informant Victoria Nichols.(C)mother.

(Address) 1041 Argyle Ave.

Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to pistol shot wound of Liver and Kidney. Homicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

8/11, 1926 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Charles St. & Lafayette Ave. Aug. 9, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Aug 13 1926 Date of Burial

20 UNDERTAKER Daniel Easton ADDRESS 516 Paca

Spec.—1-10-21—M&T—1500 Bks.

E 13206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 13206

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital ST., (12-7 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clayton Ellerson

(a) RESIDENCE NO. 2749 Benard st ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Ellerson

DATE OF BIRTH (month, day, and year) Aug 5, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Delaware
(State or country)

10 NAME OF FATHER George Ellerson

11 BIRTHPLACE OF FATHER (city or town) New Jersey
(State or country)

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) New Jersey
(State or country)

Informant Hosp Records
(Address)

1926 C. HAMPSON JONES, M. D. Registrar

Per APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Aug 10, 1926.

that I last saw him alive on Aug. 10, 1926,

and that death occurred, on the date stated above, at 6 39 PM.

The CAUSE OF DEATH* was as follows:

Cystitis purulent: Pyelitis & Acute Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Inguinal Bronchopneumonia & Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. M. Lynch, M. D.

. 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Homelands | DATE OF BURIAL Aug 13 1926

20 UNDERTAKER J M Cook | ADDRESS 1507 Eutaw Ave

Spec.—1-10-21—M&T 1500 Blks.

13207 HEALTH DEPARTMENT—CITY OF BALTIMORE 13207

37-004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (B.) 2-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Picozzi

(a) RESIDENCE NO. 2438 Ashland Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown 2 yrs. mos. ds. How long in U. S., if of foreign birth? ~ yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 9 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
13	12	11	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Carl Picozzi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Hospital Records

(Address)

1926 C. HAMPSON JONES, M. D.

Per PRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1926, to Aug. 11, 1926, that I last saw her alive on Aug. 11, 1926, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. Gatteus, M. D.

8-11 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL Aug 12 1926

20 UNDERTAKER W. M. Cook ADDRESS 602 E Northern

c.—1-12-23—M&T—500 Blks.

13208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Nursing Hospital St. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chester Eskridge

(a) RESIDENCE NO. Bethel Del ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) November 4. 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33 34		9	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) 23

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bethel Del.

10 NAME OF FATHER James M. Eskridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bethel Del.

12 MAIDEN NAME OF MOTHER Martha A. Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bethel Del

Informant Archie M. Eskridge

(Address) Long Island N.Y.

Filed 2-1926, 19 C. HAMPSON JONES, M.D.

Per ABB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Aug 12, 1926

that I last saw him alive on Aug 12, 1926

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma Stomach.

(duration) 10 yrs. mos. da.

CONTRIBUTORY (Secondary) Justric Rupture.

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-28-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Chas Wm Edmunds M. D.

, 19 (Address) Merchant, Del.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Delaware

DATE OF BURIAL Aug 12, 1926

20 UNDERTAKER Henry Sander & Sons. Inc

ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

E 13209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13209

CERTIFICATE OF DEATH.

REGISTERED NO. 790

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kerner

(a) RESIDENCE NO. 326 S. 13th St (Ward) Highlandtown

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kerner

DATE OF BIRTH (month, day, and year) Nov. 2, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Michael Kerner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Keim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Margaret Kerner

(Address) 326 S 13th St

Filed 1926

C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-11- 1926

17

I HEREBY CERTIFY, That I attended deceased from 8-6 . 1926 . to 8-11 . 1926 .

that I last saw him alive on 8-11- . 1926 .

and that death occurred, on the date stated above, at 3-15 p m.

The CAUSE OF DEATH* was as follows:

Heart failure

Chronic cardiac disease

Aortic Stenosis, mitral insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Aug. 14. 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Pleet St.

Spec.—12-9-25—A Co.—200 Bks.

E 13210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 ✓ E 13210

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 129 S. Curley St. 1-2 Ward)

2-FULL NAME Michael A. Cole

(a) RESIDENCE NO. 129 S. Curley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Cole

DATE OF BIRTH (month, day, and year) August 12 1857

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	11	29	

28

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(h) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Harbor Board

BIRTHPLACE (city or town).....

(State or country) Baltimore

10 NAME OF FATHER Michael Cole

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Not Known

Informant Emma M. Cole (wife)

(Address) 129 S. Curley St

Filed Aug 11 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Aug 10, 1926

that I last saw him alive on Aug 9, 1926

and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) ...yrs. 1 mos. 10 ds.

CONTRIBUTORY .....

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) C. H. Jones, M. D.

Aug 11, 1926 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Carmel Cemetery	Aug 13 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons, Inc.	1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

Litzau

94489 13211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13211

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 76-5 WARD)

2-FULL NAME Russel Litzau

(a) RESIDENCE NO. 3413 Mt-Pleasant ST. Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 12 - 1926

AGE: Years | Months: 6 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md —

10 NAME OF FATHER Gottlieb Litzau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Adelaide Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

Informant: Records

(Addre) JOHNS HOPKINS HOSPITAL

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-12 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Aug 12, 1926, that I last saw him alive on Aug 12, 1926, and that death occurred, on the date stated above, at 3 15 a m.

The CAUSE OF DEATH* was as follows:

Tbc Colon Meningitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Thomas W. Comrath M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Aug

DATE OF BURIAL: 14 1926

20 UNDERTAKER: John C. Miller

ADDRESS: 2435 Oliver St

Dec.—1-10-21—M&T—1500 Bks.

E 13212 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13212

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Md. Gen Hosp. ST. 17-4 WARD)

2-FULL NAME Albert L. Huddle.

(a) RESIDENCE NO. 303 E. 25th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Albert L. Huddle.

DATE OF BIRTH (month, day, and year) Dec 21 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car inspector.

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER David Huddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Self.
(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1926, to Aug 11, 1926

that I last saw h.. alive on Aug 11, 1926

and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary tuberculosis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ... yrs. ... mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompkins M. D.

, 19 (Address) Md Gen Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Royal Cemetery

DATE OF BURIAL 8/14 1926

20 UNDERTAKER J. J. Sahay Jones

ADDRESS 1318 Eight St. N.

Spec.—1-10-21—M&T—1500 Bks.

13213 HEALTH DEPARTMENT—CITY OF BALTIMORE JE 13213

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH St Joseph. Hospital

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 136 WARD)

2-FULL NAME Albertus. Myers.

(a) RESIDENCE NO. 604. Brook Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Gertrude Myers

DATE OF BIRTH (month, day, and year) March 17 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Gertrude Myers

(Address) 604 Brook Ave.

FILED 1926 14 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 11, 1926.

that I last saw him alive on Aug 11, 1926

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows: Fibrillation of Heart—

(duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug 11/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. McAnally M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairview Cemetery	Aug 14 1926

20 UNDERTAKER Chenoweth Sons Electric Co

ADDRESS 3467

pec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13214

CERTIFICATE OF DEATH.

129 ✓ E 13214

REGISTERED NO._____

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 3550 Poole St St. 13-3 Ward)

2-FULL NAME Liza J Keller

(a) RESIDENCE NO. 3556 Poole St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced (or) WIFE of: John Keller

DATE OF BIRTH (month, day, and year): Feb 13, 1844

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
82	81	5	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

Informant: John Keller

(Address): 3550 Poole St.

Filed: AUG 13 1926 C. HAMPSON JONES, M. D. Registrar

Per: RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jun 1 26, to Aug. 11, 26, that I last saw h- alive on Aug 10 26, and that death occurred, on the date stated above, at 9 20 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C. J. Keller M. D.

8 12 1926 (Address) 374 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Hampstead Aug 15 26

20 UNDERTAKER ADDRESS 3617

Ebenezer Weldon Westminster

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13215

CERTIFICATE OF DEATH.

47 E 13215

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE; (No. Guilford Manor, Chas. St & Univ[illegible] Parkway. 12-1 WARD)

2-FULL NAME Emily Howard Nolley

(a) RESIDENCE No. Charles St & University Pky. ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? 46 yrs. 9 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Nolley

DATE OF BIRTH (month, day, and year) Nov. 8 1879

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	46	9	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Michael O'Neill

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Johnnie Gilcrist

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant Mr. Leonard Nolley (husband)

(Address) Guilford Manor, Apts.

Filed [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug-12, 1926.

that I last saw h[illegible] alive on Aug-11, 1926,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
(Involving surrounding structures)

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1923-

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. R. Goldsborough, M. D.

, 19 (Address) 7923 St Paul St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Aug. 14th 1926
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

cc.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13216 CERTIFICATE OF DEATH. 3 E 13216

1-PLACE OF DEATH 5009 Rose Road / Hamilton REGISTERED NO.

TY OF BALTIMORE: (No. Hamilton St. 27-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Gorman

(a) RESIDENCE. No. 5009 Rose Road. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 16, 1912

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	14		25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER John D Gorman

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Meyer

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Mrs. Elsie Irene Meyer
(Address) 5009 Rose Road.

Filed 3 1926 19 C. HAMPSON JONES, M. D. (Registrar)
Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1926, to 8/11, 1926, that I last saw her alive on 8/11, 1926, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Kolb M. D.

, 19 (Address) 502 Hanford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer.	Aug 14 1926
20 UNDERTAKER	ADDRESS
Geo M Smith & Son	5111 Wab Ave

Spec.—1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13217

CERTIFICATE OF DEATH.

92E 13217

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Park Heights Av ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Fleetwood Hanna

(a) RESIDENCE NO. 2314 Eutaw Place ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J Hanna

DATE OF BIRTH (month, day, and year) July 4th 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Wm Hanna

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Small

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Wesley D. Hanna

(Address) 212 E 20th St City.

Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11th 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5th, 1926, to Aug 11th, 1926,

that I last saw him alive on Aug. 11th, 1926,

and that death occurred, on the date stated above, at 9th p. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) — yrs. — mos 26 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas L. Shearer M. D.

8/12th 1926 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL Aug 14 1926

20 UNDERTAKER Henry A Jenkins Son — ADDRESS 711 Eutaw Pl Cor Eutaw

AUG 13 1926 C. MANSFIELD KOLB, M.D.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13218

E 13218

CERTIFICATE OF DEATH.

185

REGISTERED NO.

1-PLACE OF DEATH Hospital for Women of Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 14-2 WARD)

2-FULL NAME Mary Johnson Woodward

(a) RESIDENCE NO. 1521 Park Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Woodward Jr.

DATE OF BIRTH (month, day, and year) May 14 1846

AGE	Years	Months	Days	If LESS than I day, hrs. or min.
	80	2	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Lambert Rowland Hopkins

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country) Anne Arundel Co.

12 MAIDEN NAME OF MOTHER Mary L. Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

Informant Maria Baldwin (cousin)

(Address) 226 W. Lafayette St. Balto

Filed OCT 3 1926 S. HAMPTON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1926 to Aug 12, 1926.

that I last saw her alive on Aug 12, 1926,

and that death occurred, on the date stated above, at 6.0 A.M.

The CAUSE OF DEATH* was as follows:

Fracture of right hip (Acc.)

(duration) — yrs. — mos 27 ds.

CONTRIBUTORY (Secondary) Old age and infirmity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. M. Wilson M. D.

8/12 1926 (Address) Hosp. for Women of Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Aug 14 1926

20 UNDERTAKER Henry H. Jenkins Sons Co. — ADDRESS Oakland & Aisquith

r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13219

CERTIFICATE OF DEATH.

113 E 13219

-PLACE OF DEATH

Y OF BALTIMORE: (No. 1410 W. Franklin St. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

-FULL NAME William Kent

) RESIDENCE NO. 1410 W. Franklin ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred 3 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
64	colored	single

narried, widowed, or divorced HUSBAND of or) WIFE of

TE OF BIRTH (month, day, and year) April 26 1924

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	16	

CUPATION OF DECEASED
Trade, profession or ticular kind of work none
General nature of industry, siness, or establishment in ich employed (or employer)
Name of employer

THPLACE (city or town) Maryland
te or country)

NAME OF FATHER Wm. Kent

IRTHPLACE OF FATHER (city or town) Md.
State or country)

MAIDEN NAME OF MOTHER Laura Hall

IRTHPLACE OF MOTHER (city or town) Md.
State or country)

formant Wm. Kent
ddress) 1410 W Franklin St

3 1924 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo - Colitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) weather history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

8/12/24, 192 (Address) 120 Redwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	June 14 1924
20 UNDERTAKER	**ADDRESS**
Wm McChase Son	1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13220

CERTIFICATE OF DEATH.

194

E 13220

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 705 Bruce ST., 16-7 WARD)

2-FULL NAME Joseph Edward Burpin

(a) RESIDENCE NO. 705 Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13th 1926

7 AGE — Years | Months | Days 30 | If LESS than 1 day.....hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William Burpin

11 BIRTHPLACE OF FATHER (city or town) Denton (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Gardner

13 BIRTHPLACE OF MOTHER (city or town) Harford Co. (State or country) Md

14 Informant (Address) Mrs. Mary Burpin 705 Bruce St.

15 Filed AUG 13 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11th 1926 to Aug 12th 1926

that I last saw h alive on Aug. 12th 1926

and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Infancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm E Dell M. D.

8-12-1926 (Address) 713 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 14 1926

20 UNDERTAKER Wm. H. Chase & Son — ADDRESS 1400 Mad

Dec.—1-10-21—M&T—1500 Bks.

Mary Harper

HEALTH DEPARTMENT—CITY OF BALTIMORE

13221

CERTIFICATE OF DEATH.

13221

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Mosher ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harper

(a) RESIDENCE NO. 1116 Mosher ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Harper

DATE OF BIRTH (month, day, and year) 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER Sam Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address)

Filed ..... 1926 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from August 10th, 1926, to August 11th, 1926, that I last saw her alive on August 9th, 1926, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar) Chronic Endocarditis

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hardening of Arteries (duration) ..... yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. K. Lee, M. D.

(Address) 924 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lot Peters DATE OF BURIAL August 1926

20 UNDERTAKER Sam'l Chase Wm ADDRESS 1400 Mosher

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13222 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 13222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 515 Scott St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Laura Frances Richmond—

(a) Residence No. 515 Scott St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. female

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day and year) Sept. 6, 1859

AGE. 67 yrs. 11 mos. 5 ds.

If LESS than 1 day, ~~hrs.~~ or ~~min.~~?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

(c) Name of employer.....

BIRTHPLACE (city or town). Ellicott City, Md.
(State or Country),

10-NAME OF FATHER, Henry Richmond —

11-BIRTHPLACE OF FATHER (city or town) Ellecott City, Md —
(State or Country),

12-MAIDEN NAME OF MOTHER, Frances Clarke

13-BIRTHPLACE OF MOTHER (city or town) Ellecott City Md —
(State or Country),

(Informant) Mrs. Rhoda Hyatt

(Address) 515 Scott St.

AUG 13 1926 192 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 11, 1926 —

17- I HEREBY CERTIFY, That I attended deceased from Dec 26, 1924 to Aug 11, 1926.

that I last saw h[illegible] alive on Aug 11, 1926

and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

general arteriosclerosis

cardiac failure —

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure —

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no —

What test confirmed diagnosis? usual tests —

(Signed) George A Knapp M. D.

, 19 (Address) 1102 W. Lanvale St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. [illegible] Cemetery

DATE OF BURIAL. Aug 13, 1926

20-UNDERTAKER. W. H. Cook

ADDRESS 502 E North Ave.

pec.—12-9-25—A Co.—200 Bks.

E 13223

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 13223

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mt Mercy Hospital

City of BALTIMORE: (No. ____ St. 1-4 Ward)

2-FULL NAME Mrs. Nan Scott.

(a) RESIDENCE NO. 243 S. Elwood St. Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fm	Clr	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Lee Scott

DATE OF BIRTH (month, day, and year) June 26/80

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	1	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER Franklin Scott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Eastern Shore Md

12 MAIDEN NAME OF MOTHER Rice

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Edna L. Scott

(Address) 242 S Elwood

15 Filed 3 1926 G. HALDEN JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1926

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to Aug 11, 1926

that I last saw h- alive on 8/A/26, 1926

and that death occurred, on the date stated above, at 12" 9 m.,

The CAUSE OF DEATH* was as follows:

Sarcoma of Right Ilium

Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY Hernia

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted No

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G Halden Jones, M. D.

, 19 (Address) Mercy Hospital Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Aug 13/26

20 UNDERTAKER J A Sisoran — ADDRESS 3022 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13224

CERTIFICATE OF DEATH.

X 17 E 13224

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) St. Agnes Hospital (STREET) 25-2 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Hancock

(a) RESIDENCE NO. Benson Ave. (STREET) Aubutus WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. 2 ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Ira Hancock

DATE OF BIRTH (month, day, and year): Dec. 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57 yrs	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: — Rust

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know

Informant (Address): Mrs. Mary Hancock. Benson Ave Catonsville

Filed [illegible] 1926 Registrar

C. HARRISON JONES, LT. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-10, 1926, to 8-12, 1926.

that I last saw her alive on 8-12, 1926.

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Cholecystitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 8/12/26 Drainage of Gall Bladder

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Theron Hunter M. D.

8/12/1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Aug 14, 1926

20 UNDERTAKER: Chas. W. Dill

ADDRESS 3109 Frederick Ave,

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13225

CERTIFICATE OF DEATH.

194 E 13225

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Sinai Hospital. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew Sinnott.

(a) RESIDENCE NO. 821 N. Bond St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) January 31, 1925.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	6	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Matthew P. Sinnott.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Clara Ruzicka.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

Informant Clara Sinnott (mother)

(Address) 821 N. Bond St.

Filed 3 1926, 19__ C. HAMPSON JONES, M.D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia.

Heat prostration.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Bernhardt M. D. (Coroner)

8/12 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? 821 N. Bond St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial Aug 14 1926

20 UNDERTAKER Edward W. Goodlow ADDRESS 824 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3226

CERTIFICATE OF DEATH.

179 E 13226

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ditonno.

(a) RESIDENCE NO. 321 S. Caroline St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) January 5, 1923.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	7	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Dominic Ditonno.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy.

12 MAIDEN NAME OF MOTHER Jennie Mangnarelli.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy.

Informant Jennie Ditonno. (mother)

(Address) 321 S. Caroline St.

Filed C. LIAMPSON JONES, M. D.

Registrar

3 1926 Per R.R.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental extensive burns about the face and body. Playing with matches.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

8/11 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

321 E. Caroline St. July 12, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Aug 14 1926

20 UNDERTAKER Randell Dippelsman ADDRESS 3280 W

Spec.—1-10-21—M&T—1500 Bks.

E 13227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 13227

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Edmondson ST. 18-1 WARD)

2-FULL NAME William A Giles

(a) RESIDENCE No. 1213 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Frances E Giles

DATE OF BIRTH (month, day, and year) Dec. 22 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	67	7	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Post Office

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John E. Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Linn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Frances E. Giles

(Address) 1213 Edmondson Ave

Filed AUG 3 1926 C. HAMPSON JONES, M. D. Registrar

By RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 12 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26 1926 to Aug. 12th 1926.

that I last saw him alive on Aug 12th 1926,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Gebhart, M. D.

(Address) 711 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Lorraine

DATE OF BURIAL AUG 14 1926

20 UNDERTAKER Geo W Little

ADDRESS 2700 Pennsylvania Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13228

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 13228

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Wash Pk 25-3 Registered No.....

City of BALTIMORE: (No. 2502 ELIRETA ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNE MACIENE

(a) Residence No. 2502 ELIRETA ..... St., ... Ward. 25

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

DATE OF BIRTH (month, day and year) No. 1861

AGE. About 65 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer.....

BIRTHPLACE (city or town)..... (State or Country), Lithvania

10-NAME OF FATHER, J. Mickus

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Lithvania

12-MAIDEN NAME OF MOTHER, No.

13-BIRTHPLACE OF MOTHER (city or town)... Lithvania (State or Country),

(Informant)... J. Macies

(Address)... 2502 Elireta Street

Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

AUG 13 1926 Per ..... M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 10. 1926

17- I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to Aug 10, 1926 that I last saw ... alive on Aug 10, 1926 and that death occurred, on the date stated above, at 5. P. ... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Charles A Cat M. D.

8/13, 1926 (Address) 547 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug. 14. 1926.
20-UNDERTAKER,	ADDRESS
John Grebliauckas	423 S Paca St.

J.G.

pec.—1-10-21—M&T—1500 Bks.

E 13229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13229

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (S.) 18-3 (WARD)

2-FULL NAME Mrs. Mary Shumsky

(a) RESIDENCE NO. 933 Hollins St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Shumsky

DATE OF BIRTH (month, day, and year): Dec. 18, 1884

AGE.	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	8	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife at home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Austria

10 NAME OF FATHER: Mr. O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " Unknown

Informant: Daughter - Mrs. M. Brehm

(Address) 47 S. Pappleton St.

Filed AUG 13 1926, 19

C. HAMPSON JONES, M. D.

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-12 1926

17

I HEREBY CERTIFY, That I attended deceased from 8-12, 1926, to 8-12, 1926,

that I last saw her alive on 8-12, 1926,

and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy, with haemorrhage into lateral, 3rd, and 4th ventricles -

(duration) about 24 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis with hypertension.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes -

What test confirmed diagnosis? Autopsy.

(Signed) J. Theron Hunter, M. D.

8/12 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug. 16, 26

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 N Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

E 13230 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13230

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 E. Wylie Ave ST.) 275 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mc Intire,

(a) RESIDENCE NO. 105 E. Wylie Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. McIntire

DATE OF BIRTH (month, day, and year): Feb. 10 - 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6.	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Michael Filmore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Frank A. Mc Intire

(Address): 105 E. Wylie Ave

Filed AUG 13 1926 per C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Aug. 12, 1926.

that I last saw h... alive on Aug. 12, 1926,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris;

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test ~~confirmed~~ diagnosis?

(Signed) H. C. Hampton Jones, M. D.

, 19 (Address) 4 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug. 14 1926

UNDERTAKER: Martin Fahey & Sons — ADDRESS: 827 W. North Ave.

pec.—6-9-19—H. P. Co.—1000 Bks.

E 13231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13231

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3912 Hilsdale Road (Residence)

REGISTERED NO.

ITY OF BALTIMORE: (No. 3912 Hilsdale Rd ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ellen N. Harrison

(a) RESIDENCE. No. 3912 Hilsdale ST. Road WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Harrison

DATE OF BIRTH (month, day, and y... April 10 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	4	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Chicago Ill
(State or country)

10 NAME OF FATHER Eugene N. Harris

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Clark E. Nicholson

13 BIRTHPLACE OF MOTHER (city or town) Washington Conn
(State or country)

Informant Mrs Clara Harris

(Address) 3912 Hilsdale Ave

Filed ..., 19...

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to Aug 6, 1926,

that I last saw her alive on Aug ~~11~~ 30 4.30 P, 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Sept - 1925 — Aug. 12 1926

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Sept 8/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) Howard Kelly M. D.

, 19 (Address) 5150 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Aug 14 1926
20 UNDERTAKER Wm J Hickey & Sons	ADDRESS Rockville Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13232

CERTIFICATE OF DEATH.

90

E 13232

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 23 E. 21st St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ross Blake

(a) RESIDENCE NO. 23 E. 21st St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ella S. Blake

DATE OF BIRTH (month, day, and year) July 3, 1853

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.

(State or country)

10 NAME OF FATHER John R. Blake

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Rambie

13 BIRTHPLACE OF MOTHER (city or town) Scotland

(State or country)

Informant Miss Helen L. Blake

(Address) 23 E. 21st St.

Filed ..... 19 ..... [illegible] JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1923 to Aug 12 1926, that I last saw h.. alive on Aug 11 1926, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic cirrhosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute bronchial bilateral

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [illegible], M. D.

Aug 13 1926 (Address) 211 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Aug 14 1926

20 UNDERTAKER Wm. J. Fleckner Sons ADDRESS North & Pa

pec.—6-9-19—H. P. Co.—1000 Bks.

E 13233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 ✓

E 13233

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 St Paul ST. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Clayton

(a) RESIDENCE. NO. 300 W Main Street ST. Waynesboro. Penna WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

a If married, widowed, or divorced (or) WIFE of Chas. B. Clayton (deceased)

DATE OF BIRTH (month, day, and year) June 18 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Milton Beamer

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Cornelia Eyler

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

Informant W. H. Grove

(Address) Waynesboro.

Filed AUG 3 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1926, to Aug 13, 1926

that I last saw her alive on Aug 13, 1926

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

several years.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jesse A. Aubrey, M. D.

, 19 (Address) 1629 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waynesboro. Penna	Aug 17 1926
20 UNDERTAKER Wm J. Ticknor Son	ADDRESS W Y Pa

Spec.—1-12-23—M&T—500 Bks.

E 13234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-002

E 13234

1-PLACE OF DEATH Universit, Hospital 9-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Grace McMahon

(a) RESIDENCE NO. 2802 Montebello ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Peter J. McMahon

DATE OF BIRTH (month, day, and year) July 1 '70

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~56~~	56	1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) at Sheppard.

(c) Name of employer Pratt Hospital

BIRTHPLACE (city or town) New York.
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.Y.

Informant Rhoda C. Ewart

(Address) 2900 Monistique St. Detroit Mich

Filed AUG 13 1926 19

Per C. H. R. K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to Aug 12, 1926,

that I last saw h.e.r alive on Aug 12, 1926

and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Tubercular adenitis of Thyroid

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure (mitral stenosis) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/10/26

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) Chas Wm Edwards, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detroit Mich

DATE OF BURIAL 8/14 1926

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13235

CERTIFICATE OF DEATH.

38 E 13235

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Peach Alley 23-1 Ward)

2-FULL NAME Bessie Coleman

(a) RESIDENCE NO. 914 Peach Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of (?)

DATE OF BIRTH (month, day, and year) (?)

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
28	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town).....

(State or country) Norfolk, Va

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) unknown

Informant Alfred Johnson (Friend)

(Address) 914 Peach alley

Filed AUG 13 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to Aug 11, 1926, that I last saw h.. alive on Aug 6, 1926, and that death occurred, on the date stated above, at 4:15 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral arteritis (probably luetic)

(durnlion) ?yrs. ?mos. ?ds.

18 Where was disense contracted

If not at place of death? -

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) D. H. Connell, M. D.

8/14 1926 (Address) 638 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — Date of Burial Aug 14 1926

20 UNDERTAKER J. L. Brown & Son — ADDRESS 708 W Monroe St

Spec.—1-10-21—M&T—1500 Bks.

E 13236 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13236

CERTIFICATE OF DEATH. 118-001

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST. 27-5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Keane

(a) RESIDENCE NO. 121 W. Woodland St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... House work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Maurice Keane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

Informant (Address) Niece 121 W. Woodland St.

Filed ..... 1926 ..... 19 C. HAMPSON JONES, M. D. Registrar

Per RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-12 1926

17 I HEREBY CERTIFY, That I attended deceased from aug. 11, 1926. to aug. 13, 1926

that I last saw her alive on aug. 12 1926

and that death occurred, on the date stated above, at 1 55 P. m.

The CAUSE OF DEATH* was as follows:

Incarcerated, Infected Inguinal Hernia.

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 8-11-26

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) H. L. McAnally, M. D.

8/13, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 16 1926
20 UNDERTAKER	ADDRESS
M. Henry Steele & Sons	1301 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13237 13237

CERTIFICATE OF DEATH.

+ 88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Korrman

(a) RESIDENCE NO. Nashville Tenn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
m	w	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Rosenfeld

DATE OF BIRTH (month, day, and year) Dec 11, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER L. Korrman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Gerald B. Korrman

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926

C. HAMPSON JONES, M. D.

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-6, 1926, to 8-13, 1926,

that I last saw him alive on 8-13-26, 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Streptococcus viridans endocarditis

cerebral emboli.

Meningitis

(duration) 2 ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) E T Wald, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nashville Tenn DATE OF BURIAL Aug 13 1926

20 UNDERTAKER John O Mitchell ADDRESS 1201 N Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 13238

HEALTH DEPARTMENT—CITY OF BALTIMORE

59-901

E 13238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wallace Tumblrson

(a) RESIDENCE NO. 1310 Hollins St- ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 23. 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore. Md. (State or country)

10 NAME OF FATHER Wm W. Tumblrson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Wm W. Tumblrson

(Address) 1310 Hollins St. Balt.

3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 13, 1926, that I last saw h-im alive on Aug 12, 1926, and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus (Malnutrition).

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(duration) yrs. 1 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 11, 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. O'Price, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 8/14 1926

20 UNDERTAKER Chas. P. Maus & Son

ADDRESS 111 W. Mt. Royal Ave

pec.—1-1-21—M&T—1500 Bks.

E 13239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13230

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Smith.

(a) RESIDENCE NO. 1213 Druid ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 3 1925

AGE: Years | Months: 11 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind.

12 MAIDEN NAME OF MOTHER: Cynthia Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1926, to Aug. 12th, 1926, that I last saw her alive on Aug. 12th, 1926, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. L. Connally, M. D.

19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 8/14 1926

20 UNDERTAKER: Jas. Wm. Skinner

ADDRESS: 1625 E. Madison

Spec.—1-10-21—M&T—1500 Bks.

13240

HEALTH DEPARTMENT—CITY OF BALTIMORE

13240

CERTIFICATE OF DEATH.

118-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Beaumont Ave. ST., 27-9 WARD)

2-FULL NAME Dennis Cumbell. Massey.

(a) RESIDENCE No. 700 Beaumont ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Infant

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, and year) Dec. 10-25-

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8	1 8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore city
(State or country)

10 NAME OF FATHER Morris Massey

11 BIRTHPLACE OF FATHER (city or town) Indiana
(State or country) Florida

12 MAIDEN NAME OF MOTHER Mary Ada Rennet

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

PARENTS

14 Informant Mrs. Massey
(Address) 700 Beaumont Ave

AUG 13 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-11-1926

17

I HEREBY CERTIFY, That I attended deceased from July-1, 1926, to Aug-11, 1926, that I last saw he alive on Aug-11-, 1926, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Volvulus.

(duration) yrs. mos. 6 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hons, M. D.

8-12-1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dald. Cemetary — DATE OF BURIAL 8/14/26

20 UNDERTAKER George J. Roth Bro. — ADDRESS 1735 Harford

Spec.—1-10-21—M&T—1500 Bks.

13241

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13241

22

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Memorial Hospital ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miriam Robinson -

(a) RESIDENCE NO. 1509 Carswell ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 2, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Chas. A. Robinson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Louise C Day.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Charles A Robinson
(Address) 1509 Carswell St

Filed 8-7-1926 C. HAMPSON JONES, M. D. Registrar
Per A.P.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 13, 1926,

that I last saw her alive on Aug 13, 1926,

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis -

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home (?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) J. C. Price, M. D.

, 19 (Address) Mercy Hosp. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 14 1926
20 UNDERTAKER	**ADDRESS**
Geo J. Rutt.	1735 Harford Ave.

Spec.—12-9-25—A Co.—200 Bks.

13242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

194 E 13242

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 18½ Southern Ave St., 22-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Holland

(a) RESIDENCE NO. 18½ Southern Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Richard R.

DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER Patrick Hammill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mc Kenna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Theresa Lyons

(Address) 18½ So. Ave.

Filed C. HAMPSON JONES, M. D.

1926 Per ARD Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug. 11

17

I HEREBY CERTIFY, That I attended deceased from August 11, 1926, to Aug 11, 1926, that I last saw h.. alive on Aug 11, 1926 and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Stroke

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin D Coyne, M. D.

. 19 (Address) Coyne & Saulsbury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Parkwood Aug. 14 1926

20 UNDERTAKER ADDRESS

Wm Cook 552 E. North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13243 E 13243

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5300 St. Charles St. WARD)

2-FULL NAME Mary R E Shamlaugh

(a) RESIDENCE NO. 5300 St Charles St WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of C Henry Shamlaugh

DATE OF BIRTH (month, day, and year) Nov 14 1843

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	57	8	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

037

BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary A Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

4 Informant C Henry Shamlaugh
(Address) 5300 St Charles St

5 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
AUG 31 1926 Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 12, 1926,
that I last saw her alive on Aug 12, 1926,
and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:
Valvular disease of the heart
She had had cerebral hemorrhage of six weeks duration.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robert F. Hayden M. D.
, 19 (Address) 4th E. City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Aug 16 1926

20 UNDERTAKER: Wilhelm & Son | ADDRESS: 528 E Madison

Spec.—12-9-25—A Co.—200 Bks.

13244

HEALTH DEPARTMENT—CITY OF BALTIMORE

13244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2039 Harlem Ave 6-5 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna J. Better

(a) RESIDENCE NO. 2039 Harlem St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 12-1926

AGE Years	Months	Days	IF LESS than 1 day. Hrs. or ... min.
18 Hours	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Samuel Better

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Porter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Samuel Better

(Address) 2039 Harlem Ave

15 Filed ... 19 ... Registrar

AUG 13 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13/26 19

17 I HEREBY CERTIFY, That I attended deceased from 8/12/26, 19 ..., to 8/13/26, 19 ...,

that I last saw her alive on 8/13/26, 19 ...

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

due to atelectasis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY

(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Fenig, M. D.

8/13/26 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Friendship — Date of Burial: 8/14 1926

20 UNDERTAKER: Wm Cook — ADDRESS: Sole North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13245 — 74 — 801 — E 13245

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 Baker ST. 15-12 WARD)

2-FULL NAME Josephine Guercio

(a) RESIDENCE NO. 2201 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gesoele Guercio

6 DATE OF BIRTH (month, day, and year) Sept 17th. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10.	25 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

137

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Saverio Legante

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Isabella Martino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Stefano Guercio

(Address) 2201 Baker St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926. to Aug 12. 1926.

that I last saw h alive on Aug 11th, 1926,

and that death occurred, on the date stated above, at 4.40 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. W. Ruth, M. D.

8/13 1926 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 8/14 1926

20 UNDERTAKER Geo J Ruth

ADDRESS 1735 Eutaw

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13246 E 13246

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH West Baltimore General Hospital

TY OF BALTIMORE: (No. Raymor Dukeland ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eunice Wallace

(a) RESIDENCE NO. 143 Bamble Campbell ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: [illegible]

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 12/1925

AGE: Years | 9 Months 10 | 1 Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Co

10 NAME OF FATHER: Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Maria Wallace

(Address) 143 Bamble St

Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/12, 19 26. to 8/13, 19 26.

that I last saw her alive on 8/13, 19 26.

and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:

Acute ileo colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Aug 14/1926

20 UNDERTAKER: David Easton

ADDRESS: Bruce

Spec.—1-10-21—M&T—1500 Bks.

E 13247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13247

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (ST. OR WARD) 22-1

2-FULL NAME Naomi Burgess

(a) RESIDENCE NO. 325 S. Fremont Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Burgess

DATE OF BIRTH (month, day, and year) ? 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 187

(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina

10 NAME OF FATHER Ramey Thompson

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Sala ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospitals Records (Address)

Filed Jan 7 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926 to Aug. 12, 1926 that I last saw h alive on Aug 12, 1926 and that death occurred, on the date stated above, at 11:05 a.m.

The CAUSE OF DEATH* was as follows:

myocarditis chronic.

hepatitis, chronic

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) cerebral embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? general + clin.

(Signed) C. Hampson Jones, M. D.

14 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dunbar S. C. DATE OF BURIAL Aug 14/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Pine.

Spec.—12-9-25—A Co.—200 Bks.

E 13248

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-902 E 13248

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2619 Eastern Ave St. 1-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. E. Wyle

(a) RESIDENCE NO. 2619 Eastern Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 22. 1911

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	2	20 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore

10 NAME OF FATHER Charles E Wyle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Annie Edelman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Charles E. Wyle

(Address) 2619 Eastern Ave

15 Filed_____, 19____ C. HAMPSON JONES, M.D. Registrar.

AUG 13 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Aug 12, 1926, that I last saw him alive on Aug 12, 1926, and that death occurred, on the date stated above, at 2.10 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Mega Colon

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Rays

(Signed) F. Wallace Thompson, M. D.

Aug 13 1926 (Address) 1228 Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Aug 15 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13249 91-002 E 13249

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 Goodwood Rd. Roland St., 27-6 Ward)

2-FULL NAME Edmund Jones Williams

(a) RESIDENCE NO. 303 Goodwood Rd. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen W. Williams

7 DATE OF BIRTH (month, day, and year) Aug 16. 1841

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor of Medecine

(b) General nature of industry, business, or establishment in which employed (or employer) 54

(c) Name of employer 0

9 BIRTHPLACE (city or town)_____

(State or country) North Carolina

10 NAME OF FATHER William Lawrence Williams

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sarah McKellar

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) North Carolina

14 Informant Mrs Wm. H. Fehsenfeld (Daughter)

(Address) 303 Goodwood Rd.

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7- 1925, to Aug 12 1926, that I last saw him alive on Aug. 11- 1926, and that death occurred, on the date stated above, at 7.20 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with hypertension

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis, senile Coma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Robert L. Mitchell, M. D.

8/13, 1926 (Address) 1117 Mercantile Trust Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — Date of Burial: Aug 14 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

—1-12-23—M&T—500 Bks.

13250

HEALTH DEPARTMENT—CITY OF BALTIMORE

13250

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

TY OF BALTIMORE: (No. University Hosp. ST 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Kenneth Walczak

(a) RESIDENCE NO. 3262 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. 6½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Jan 23-1926

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	20 21	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

RTHPLACE (city or town) (State or country) Balto Md

0 NAME OF FATHER Joseph S. Walczak

1 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

2 MAIDEN NAME OF MOTHER Eva Mashane

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Joseph A Walczak

(Address) 3262 W Lombard St

Filed 1926 C. HAMPSON JONES, M. D.

Per ACH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 13, 1926, that I last saw him alive on Aug 13, 1926, and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

Acute intestinal intoxication with acidosis and diarrhea.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel A. Ellis, M. D.

, 19 (Address) Univ. of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Aug 14 1926

20 UNDERTAKER John M Weber

ADDRESS 3 Bank St

Spec.—12-9-25—A Co.—200 Bks.

E 13251

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 E 13251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1012 E Pratt St St., 18-3 Ward)

2-FULL NAME Peter Nataro

(a) RESIDENCE NO. 1012 E Pratt St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

DATE OF BIRTH (month, day, and year): October 18. 1925.

AGE: Years ___ Months 9 10. Days 25 IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): ___

(c) Name of employer

BIRTHPLACE (city or town): Baltimore Md

(State or country)

10 NAME OF FATHER Nick. Nataro

11 BIRTHPLACE OF FATHER (city or town): ___

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Laragetta

13 BIRTHPLACE OF MOTHER (city or town): ___

(State or country) Italy

14 Informant Nick Nataro

(Address) 1012 E Pratt St

Filed ___ 19 C. HAMPSON JONES, M. D. Registrar

8 1925 Per ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 13. 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11-, 1926, to Aug 12-, 1926, that I last saw h.. alive on Aug. 11-, 1926, and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Diarrhoea Enteritis

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) ___ yrs. ___ mos. 14 ds.

18 Where was disease contracted

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No.

What test confirmed diagnosis? Obduction & Anamnesis

(Signed) L. W. Pantz, M. D.

8/13, 1926 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Aug 14 '26

20 UNDERTAKER: Kendall & Lingenfelder ADDRESS: 300 E Madison St

Spec.—1-10-21—M&T—1500 Rks.

13252

HEALTH DEPARTMENT—CITY OF BALTIMORE

13252

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Mon Hosp ST. 11-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm R Bennett

(a) RESIDENCE NO. Rockenville Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Wm R Bennett

DATE OF BIRTH (month, day, and year) 3-28-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Ag X.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Geo Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ann Kimble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant W R Bennett Odel

(Address)

1926 C. HAMPSON JONES, M. D. Registrar

Per H.R.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13/26

17 I HEREBY CERTIFY, That I attended deceased from 7/30/26 to 8/13/26.

that I last saw h alive on 8/10-26 19 2 P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cystic Ulcer

(duration) yrs. 4? mos ds.

CONTRIBUTORY (secondary) Thrombosis & Gangrene

(duration) yrs. 10 days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Jos C Hampson, M. D.

, 19 (Address) My Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Colora, Md. DATE OF BURIAL Aug 16 1926

20 UNDERTAKER F. C. Tyson ADDRESS Colora Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13253

CERTIFICATE OF DEATH.

129 E 13253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2210 Mace St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Moore

(a) RESIDENCE NO. 2210 Mace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male

4 Color or Race colored

5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Moore

DATE OF BIRTH (month, day, and year) Nov. 24—1898

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27	8 9	17 13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer [illegible]

BIRTHPLACE (city or town)

(State or country) Baltomd

10 NAME OF FATHER John moore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert co md

12 MAIDEN NAME OF MOTHER Ida Skinner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert co md

14 Informant Mary Moore

(Address) 2210 Mace St.

15 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from June 29th, 1926, to Aug 11th, 1926, that I last saw h[illegible] alive on August 11th, 1926, and that death occurred, on the date stated above, at 630 p. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Max Conrad Bode, M. D.

, 19 (Address) 1907 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Aug 15 1926

20 UNDERTAKER Mrs Jas H. Dennis and Jos. E. Nelson ADDRESS 1903 Presstman St

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13254 13254

CERTIFICATE OF DEATH.

122

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3010 Prestman ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Mc Connick.

(a) RESIDENCE. No. 3010 Prestman ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jennie Mc Connick.

DATE OF BIRTH (month, day, and year) Aug 7-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick-layer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant (Address) Mrs Anna Mc Connick. 3010 Prestman St.

1926 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16th, 1926, to August 11th, 1926, that I last saw him alive on August 11th, 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Atrophic Cirrhosis of the Liver (duration) 2 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Analysis.

(Signed) Mrs F. Sullivan, M. D.

8/13, 1926 (Address) 1706 A Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Cathedral	Aug 14 1926
20 UNDERTAKER	ADDRESS
F. A. Sevanes & Son.	703 Hanover

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13255

CERTIFICATE OF DEATH.

178 E 13255

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 257 ward)

2-FULL NAME Andrew J. Kirby.

(a) RESIDENCE NO. 21 S. 2nd St. Brooklyn. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6 If married, HUSBAND of Anna G. Kirby.

DATE OF BIRTH (month, day, and year) December 9, 1900.

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	8	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 073

(b) General nature of indnstry, business, or establishment in which employed (or employer) American Oil Co.

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Andrew J. Kirby.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ella Tydings.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Anna G. Kirby. (wife)

(Address) 21 S. 2nd St. Brooklyn.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per acs.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd. degree burns of head shoulder & back.
Burned in American Oil fire.

Accidental death (duration) yrs. mos, ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos, ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

8/13 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.,....mos.,....ds. In the State ....yrs.,....mos.,....ds.

Where was disease contracted, if not at place of death? American Oil fire Hanover & Wells st.

Former or usual residence August 10, 1926

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 8/14 1926

20 UNDERTAKER J. J. Tahaney Sons ADDRESS 131 Eighth

.—1-12-23—M&T—500 Blks.

13256 HEALTH DEPARTMENT—CITY OF BALTIMORE 13256

CERTIFICATE OF DEATH.

160

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST 21-2 WARD)

2-FULL NAME Theodore Wheelton

(a) RESIDENCE NO. 1319 S. 6th St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of — —

DATE OF BIRTH (month, day, and year) Jan. 2nd 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	7 Mos	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Leonard Wheelton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Leonard Duvall

(Address) 1312 Cook St

Filed ... 1926 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1926. to Aug 12, 1926.

that I last saw him alive on Aug 12, 1926.

and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Cranium

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of ...

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy.

(Signed) W. E. Lemmon, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: Aug 14 1926

20 UNDERTAKER: C. A. Harke

ADDRESS 115 E. 9th St

Cor.—12-9-25—A Co.—200 Bks.

E 13257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13257

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 Smith St. 14-1 Ward)

2-FULL NAME Albert E Bailey

(a) RESIDENCE NO. 606 Smith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Bailey

DATE OF BIRTH (month, day and year) 1895

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Factory

(c) Name of employer

BIRTHPLACE (city or town) Md.

(State or country)

10 NAME OF FATHER Chas Bailey

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country) Southern States

12 MAIDEN NAME OF MOTHER Jane Foden

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mary E Bailey

(Address) 606 Smith St

C. HAMPSON JONES, M. D.

Filed 19 Per Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(signed) J. T. Heuisler M. D.

(Coroner)

8/13, 1926 (Address) 2 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Aug 14 1926

20 UNDERTAKER Daniel Forbes ADDRESS 916 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

13258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13258

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W McMechen St.; 14-1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Jarvis

Residence in Baltimore: No. 548 W McMechen St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Unknown (Month) ..... (Day) 1867 (Year)

AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
a) Trade, profession, or particular kind of work..... None
b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, State or Country), Baltimore Md

10-NAME OF FATHER, Henry Elliott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Louisa Elliott

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Co Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Jarvis

(Address) 548 W McMechen St.

C. HAMPSON JONES, M. D.

1926 Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 11, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1926, to Aug 11 1926 that I saw h[illegible] alive on Aug 11 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) ....yrs. 1 ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) T. E. Daughaday M. D.

Aug 12 1926 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Aug 14, 1926

20-UNDERTAKER Mrs R. G. Elliott ADDRESS Laurel

Spec.—12-9-25—A Co.—200 Bks.

E 13259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 7 E 13259

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 Norwood Road St. 12-1 Ward)

2-FULL NAME Henry Talmon Harrison

(a) RESIDENCE NO. 109 Norwood Road St. Guilford Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 13 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Harrison

DATE OF BIRTH (month, day, and year) June 2. 1856

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary — 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER W. C. Harrison

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) —

14 Informant Mary E. Harrison

(Address) 109 Norwood Rd

15 Filed ..... 19..... Registrar

4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1914, to Aug. 12th, 1926, that I last saw h.. alive on August 12th, 1926, and that death occurred, on the date stated above, at 9:45 A.m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 12 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma associated with acute infection

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine & blood Examination

(Signed) Wm. Dabney, M. D.

Aug. 15th, 1926 (Address) Ruxton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Aug 14 1926

20 UNDERTAKER Geo. Tudor Sons & North ADDRESS Cit.

Cor.—12-9-25—A Co.—200 Bks.

13260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13260

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital. S. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Ruppert.

(a) RESIDENCE NO. 2816 Frederick Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 19, 1925.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	-----	7	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Louis Ruppert.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Katie Raymer.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Katie Ruppert. (mother)

(Address) 2816 Frederick Ave.

15 Filed _____ 19__ C. E. LAMPSON JONES, M. D. Registrar

1926 Aug 14

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastero-intestinal indigestion.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto U. Reinhardt, M. D. (Coroner)

8/13 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial aug 14 1926

20 UNDERTAKER M. J. Flynn ADDRESS 1422 Light

pec.—1-10-21 M&T 1500 Bks.

13261

HEALTH DEPARTMENT—CITY OF BALTIMORE

001
100 E 13261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) Balto Md ST. 24-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret B. Dempster

(a) RESIDENCE NO. 114 E. Cross St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas. L. Dempster

DATE OF BIRTH (month, day, and year) 1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 600

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Bartholomew Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Balto City Hospitals Balto Md

1926 C. HAMPSON JONES, M. D. Registrar.
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-9, 1926, to 8-13, 1926, that I last saw her alive on 8-12, 1926 and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis w/ Deterioration

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical Findings

(Signed) Thos. Goldsmith M. D.

8/13 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Aug 16 1926

20 UNDERTAKER Margaret A. Flynn — ADDRESS 1432 Light St.

Spec—12-23-21—E.B.P.S.—400 Bks.

13262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13262

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 628 S. Lakewood ave. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Katherine mruk

(a) Residence No. 628 S. Lakewood ave. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, ~~Widowed,~~ or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Katherine mruk

7-DATE OF BIRTH (month, day and year) Jan 29 1873

8-AGE. 53 yrs. 6 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... City Work
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer..... City

10-BIRTHPLACE (city or town)..... Poland
(State or Country),

10-NAME OF FATHER, Michael mruk

11-BIRTHPLACE OF FATHER (city or town)..... Poland
(State or Country),

12-MAIDEN NAME OF MOTHER, Agnes Czarnecka

13-BIRTHPLACE OF MOTHER (city or town)..... Poland
(State or Country),

14-(Informant) Katherine mruk

(Address)..... 628 S. Lakewood ave.

15-Aug 4 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 12, 1926.

17- I HEREBY CERTIFY, That I attended deceased from June 20 1926 to Aug. 12, 1926.

that I last saw ~~him~~ her alive on Aug. 11, 1926

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Generalized Carcinoma

(Duration) 2 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kluge M. D.

, 19 (Address) 2629 Lakewood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 16, 1926

20-UNDERTAKER, George A Weber — ADDRESS 2205 Bank st.

Spec.—12-9-25—A Co.—200 Bks.

13263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13263

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1901 Edmonson Ave Ward 5)

2-FULL NAME Catherine R. Jakel

(a) RESIDENCE NO. 1901 Edmonson Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 4 1893

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	33	2	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) .....

(State or country) Baltimore Md

10 NAME OF FATHER John S. Jakel

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Hunt

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Germany

14 Informant John S. Jakel

(Address) 1901 Edmonson Ave

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1926, to Aug. 12 1926,

that I last saw her alive on Aug. 12. 1926,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam, Sputum

8/13, 1926 (Signed) Chas Norton, M. D.

(Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cem Aug 16 1926

20 UNDERTAKER — ADDRESS

Jos Jacobs & Son 217 S. Paca

4 1926 G. EAMPSON Jones M.D

Spec.—12-9-25—A Co.—200 Bks.

E 13264

HEALTH DEPARTMENT—CITY OF BALTIMORE

12-9 E 13264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Howard Park — REGISTERED NO. _____

City of BALTIMORE: (No. 1264 Spring st St., 25 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Marie Liebmann

(a) RESIDENCE NO. 1264 Spring st Howard Park

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert H. Liebmann

DATE OF BIRTH (month, day, and year): Oct 20 1864

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Germany

10 NAME OF FATHER: Heinemann

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Carl A. Liebmann

(Address): 1264 Spring st Howard Park

15 Filed ....., 19 .....

CRK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1926 to Aug 13, 1926

that I last saw ~~her~~ alive on Aug 12, 1926

and that death occurred, on the date stated above, at 1.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ....yrs. ....mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Herbert McKeffery, M. D.

Aug 13 1926 (Address) 232 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Aug 16 1926

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2172 Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13265 16E 13265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq 1925 ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gregorits

(Residence in Baltimore: No. 1114 First St Mount Pl St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, 8 (Month) 7 (Day), 1926 (Year)

7-AGE, ...yrs....mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Chas Lewis Gregorits

11-BIRTHPLACE OF FATHER (State or Country), New Haven Conn.

12-MAIDEN NAME OF MOTHER Ida Mary Toth

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles L. Gregorits

(Address) 1114 Frank M. Osborne Dr

Filed ....., 191.... Registrar.

RPH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1926, to Aug 13 1926, that I saw him alive on Aug 13 1926, and that death occurred, on the date stated above, at 9.55 p m.

The CAUSE OF DEATH* was as follows:

Infantile Atelectasis, Premature Birth of Infant

(Duration) ....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary) Paralysis Diaphragm

(Duration) ....yrs....mos. 6 hrs.

(Signed) C. H. Toomey M. D.

....., 191... (Address) Lying In Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Aug 14, 1926

20-UNDERTAKER Jos Joerdens Son — ADDRESS 2178 Dem

rec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13266 E 13266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 330 E. Lombard St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kotschenreuter

(a) Residence No. 330 E. Lombard St. St., 26 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-If married, widowed, or divorced, HUSBAND of (or) WIFE Antoinette Kotschenreuter

DATE OF BIRTH (month, day and year) Oct. 11 - 1846

AGE. 79 yrs. 10 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town).... (State or Country), Germany.

10-NAME OF FATHER John Kotschenreuter

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunigunda Kotschenreuter

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

(Informant) Mary Kotschenreuter

(Address) 330 E. Lombard St.

Filed ..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 13-1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1— 1925 to Aug. 13 1926 that I last saw h.. alive on Aug. 1 1926 and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frederick Voltzmann M.D.

8-13 1926 (Address) 1413 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL, Aug. 16. 1926

20-UNDERTAKER. Lilly & Zeiler ADDRESS 403 S. Wolfe St.

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13267

CERTIFICATE OF DEATH.

31 E 13267

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 N. Durham St., 6 Ward)

2-FULL NAME Benedict S. Gumpf.

(a) RESIDENCE NO. 107 N. Durham St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud E. Gumpf.

DATE OF BIRTH (month, day, and year) 1878

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER Samuel B. Gumpf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Dont. Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dont Know

14 Informant Catharine K. Driscoll.

(Address) 17 N. Wolfe St.

1926 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug. 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1926, to Aug 12, 1926, that I last saw h. Mrs alive on Aug 11, 1926 and that death occurred, on the date stated above, at 6:00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Geo. Keller Jr., M. D.

8/13 1926 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem Date of Burial Aug 14 1926

20 UNDERTAKER Lilly - Zeiler ADDRESS 403 S. Wolfe St

T-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13268 901 + 118 13268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 41 WARD)

2-FULL NAME William Sheridan Tubbs

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. Elkridge, Md. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Tubbs

DATE OF BIRTH (month, day, and year) Sept. 11 68

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yrs	11	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardner do

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Mrs. Tubbs

BIRTHPLACE (city or town) .....
(State or country) Md.

10 NAME OF FATHER Moses Tubbs

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lavinia Mace

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) .....

Informant Nellie Wood
(Address) 2221 Ellis St. Balt.

Filed ..... 1926 G. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/12, 1926 to 8/12, 1926

that I last saw h alive on 8/12, 1926

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Heart failure following operation for strangulated hernia, P.T. had aortic valvular disease (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Strangulated Hernia (duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Elkridge, Md.

Did an operation precede death? Yes Date of 8/12/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL 8, 15 1926

20 UNDERTAKER Mrs Jas A Harper — ADDRESS 100 N Carey

E 13269 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13269

CERTIFICATE OF DEATH. 113

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 So. Stockton St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Catherine Allen

Residence in Baltimore: No. 117 So. Stockton St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

DATE OF BIRTH, Oct 3rd 1925
(Month) (Day) (Year)

AGE, — yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or ...min.*

OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, William Allen

11-BIRTHPLACE OF FATHER, (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Mary Miller

13-BIRTHPLACE OF MOTHER, (State or Country), Va

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Miller

(Address) 117 So. Stockton St

Filed..... C. HAMPSON JONES, M. D., Registrar.

1926 Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest au... find that said deceased came to... death on the day stated above. (Autopsy or Inquiry.)

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo B. Horn M. D.
(Coroner.)

Aug 13th 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto Co

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. Md

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem DATE OF BURIAL, Aug 14th 1926

20-UNDERTAKER, A. Jones ADDRESS 111 S. Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13270 E 13270

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Morgan St Mt Ver and ST. 25-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Green

(a) RESIDENCE No. Morgan Mt Vernon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Miller

DATE OF BIRTH (month, day, and year) 4-3-1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Thos Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mamie Enola

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mamie Green
(Address)

Filed ..... 19 26 Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 — 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to Aug 11, 1926, that I last saw h[illegible] alive on Aug 11, 1926, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Extreme emaciation & weakness from taking all kinds of medicines

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos B Hall, M. D.

, 19 (Address) Hazelthorp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Aug 16th 1926
20 UNDERTAKER A. Jones	ADDRESS 1111 S. Gilmor St

pec.—1-10-21—M&T—1500 Bks.

E 13271 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13271

CERTIFICATE OF DEATH.

161-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1734 N. Dallas St. E-2 WARD)

2-FULL NAME Libby Taylor

(a) RESIDENCE NO. 1734 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug. 14. 26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				5 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Clarence Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Saul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ann Arundel Co.

Informant
(Address)

1926 Per 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1926, to Aug. 14, 1926, that I last saw h— alive on Aug. 14, 1926, and that death occurred, on the date stated above, at 2:15 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner of Health,
AUG 14 1926

pec.—1-10-21—M&T—1500 Bks.

13272 HEALTH DEPARTMENT—CITY OF BALTIMORE 13272

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-1 WARD)

2-FULL NAME Samuel Hoey.

(a) RESIDENCE NO. 513 Mosher St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Labor - Odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Edwin Hoey.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Cecelia

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant .....
(Address) .....

Filed 4 1926, 19 Per .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1925, to Aug. 12, 1926.

that I last saw him alive on Aug. 12, 1926.

and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Poly Arthritis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. Hoey M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

AUG 13 1926

Florrie Beatty

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13273 — 3/4 13273

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 22-1 WARD)

2-FULL NAME Florrie Beatty

(a) **RESIDENCE NO.** 708 Dover st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dosier Beatty

DATE OF BIRTH (month, day, and year) 1896 ?

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina

10 NAME OF FATHER Frank Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Ida Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

Informant Hospital Records

(Address)

1926 C. THOMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1926, to Aug. 11, 1926.

that I last saw her alive on Aug. 11, 1926.

and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gattens M. D.

8-11-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

AUG 14 1926

pec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13274 13274

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Carey ST., 16-2 WARD) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah C. Buchheimer

(a) RESIDENCE NO. 17 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 21 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	71	5	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER Peter Buchheimer

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Hannah M Butts

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Edward R. Buchheimer

(Address) 1909 Linden Ave

Filed ..... 19.. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 6 1926 to Aug 13 1926,

that I last saw her alive on Aug 13 1926,

and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Pulmonary

Laryngeal

Laryngeal

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion, Total

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Patient

(Signed) Henry Lee M. D.

Aug 14 19 (Address) 16 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 16 1926
UNDERTAKER	ADDRESS
John O. Mitchell	1301 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 13275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13275

CERTIFICATE OF DEATH.

91-80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 E. Woodland St. 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna R. Schneider

(a) RESIDENCE NO. 127 E. Woodland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Schneider

DATE OF BIRTH (month, day, and year) July 3 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore Md. (State or country)

10 NAME OF FATHER John Scherer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Albert Schneider

(Address) 127 E. Woodland Ave

Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11. 1926

17 I HEREBY CERTIFY, That I attended deceased from April 4. 1926, to Aug 11 1926.

That I last saw her alive on Aug 10. 1926

and that death occurred, on the date stated above, at 6.50 P.M.

The CAUSE OF DEATH* was as follows:

General Sclerosis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo. Hemmeter, M. D.

8/11, 1926 (Address) 3002 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Druid Hill Park	8-14 1926
20 UNDERTAKER	ADDRESS
Wm Chas A. G. Rohde	600 Mulberry

—12-23-21—E.B.R.S.—400 Eks.

13276 HEALTH DEPARTMENT—CITY OF BALTIMORE 13276

CERTIFICATE OF DEATH.

202

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No.) Maryland State Penitentiary (Street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Richard Reese Whittemore

(a) Residence No. 1726 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Marguerite Whittemore

DATE OF BIRTH (month, day and year) Sept. 8, 1900

AGE, 25 yrs. 11 mos. 27 ds. If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

10-NAME OF FATHER, Rollings Whittemore

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Edna Grady

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore, Md.

(Informant) Md. State Penitentiary

(Address) 954 Forest St.

Filed Aug 16 1926 C. HAMPSON JONES, M. D. Registrar

Per Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 13 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1926 to Aug 13, 1926 that I last saw him alive on Aug. 13, 1926 and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows: Dislocation of the Fifth Cervical Vertebra

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.

Aug 13, 1926 (Address) Md. Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Aug. 16, 1926

20-UNDERTAKER. Richard F. Curley

ADDRESS 1508 Druid Hill Ave.

—1-12-23—M&T—500 Bks.

13277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13277

CERTIFICATE OF DEATH.

100-001

E 13277

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. President Hospital ST. 11-2 WARD)

2-FULL NAME Sophia Cerf

(a) RESIDENCE NO. 123 Winters ave ST. Catonsville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Cerf

DATE OF BIRTH (month, day, and year): 1853

AGE: Years 73 | Months ## | Days ## | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: John Wellenig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Newgent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: John C. Wellenig

(Address): 123 Winters ave Catonsville

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-14-1926

17 I HEREBY CERTIFY, That I attended deceased from August, 1925, to Aug-14, 1926, that I last saw her alive on Aug 13, 1926, and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ... yrs. ... mos 14 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Hacken, M. D.

8-14-1926 (Address) 804 Saratoga E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cem

UNDERTAKER: Easton Sons

DATE OF BURIAL: Aug 16, 1926

ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

13278

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

145 E 13278

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital. 8-4

CITY OF BALTIMORE: (No.) ..... ST., 8 (Ward) 4

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Colightly

(a) RESIDENCE NO. 1623 Faith Lane ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. unknown mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) May 24, 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	18 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 07°

(c) Name of employer .....

BIRTHPLACE (city or town) ..... (State or country) S. C.

10 NAME OF FATHER Hainey Colightly

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) S. C.

12 MAIDEN NAME OF MOTHER Mary Henderson

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) S. C.

Informant J. R. Horner M.D.

(Address) Johns Hopkins Hospital

Filed AUG 15 1926 THOMPSON-JONES, LTD. Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1926, to Aug. 12, 1926, that I last saw her alive on Aug. 12, 1926, and that death occurred, on the date stated above, at 10-30 a. m.

The CAUSE OF DEATH* was as follows:

Sudden death due to anaesthesia during Caesarean section.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Fatigue from prolonged Labor. (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Aug 12, 26.

Was there an autopsy? Yes.

What test confirmed diagnosis? —

(Signed) J. R. Horner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	Aug 14 1926
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13279 ✓ 13279

CERTIFICATE OF DEATH.

129 E 13279

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Colonial Ave 1325 ST., WARD)

2-FULL NAME Charles Turner

(a) RESIDENCE NO. 2351 Hills Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

DATE OF BIRTH (month, day, and year): Jan. 22 [illegible]

AGE: Years 47 Months 6 Days 23

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Concrete Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Daniel Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Matilda Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Daniel Turner

(Address): 2351 Hills Ave.

Filed 8 15 1926 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1 1926 to Aug 14 1926

that I last saw him alive on Aug 14 1926,

and that death occurred, on the date stated above, at 4-50 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) Chas. H. Brunkow M. D.

8-14 1926 (Address) 822 No Monut St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr. Steiner's Cem.

DATE OF BURIAL: Aug 16 1926

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13280

90 E 13280

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St., 31 Ward)

2-FULL NAME John Rankus or Rimkus

(a) RESIDENCE NO. 317 President St, St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1865

7 AGE 61 Years — Months — Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lithvania

(State or country)

10 NAME OF FATHER Noknow

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithvania

12 MAIDEN NAME OF MOTHER NO.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithvania

14 Informant J. Mac

(Address) 217 President Street

15 Filed 15 1926 By G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1926

17 I HEREBY CERTIFY, That I attended deceased from August 8, 1926, to Aug 14, 1926

that I last saw h— alive on Aug 14, 1926

and that death occurred, on the date stated above, at 2154 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency &

Pulmonary Oedema —

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. H. Mills, M. D.

, 19 (Address) Mercy Hospital Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Aug. 16. 1926

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S paca St

Spec.—1-10-21—M&T—1500 Blks. Sherman Forrest

HEALTH DEPARTMENT—CITY OF BALTIMORE

13281 38 E 13281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. Baltimore city) ST. 17-2 WARD

2-FULL NAME Sherman Forrest

(a) RESIDENCE NO. 630 N. Bradley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....mln.
38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Francis Forrest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant ..... (Address) City Hospitals Records

Filed AUG 5 1926 19 C. HAMPSON JONES, M.D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to Aug. 13, 1926

that I last saw h.. alive on Aug. 13, 1926

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic
Interstitial nephritis
Syphilis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General + Lab

(Signed) C. Holmes Boyd M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Co

DATE OF BURIAL August 15 1926

19 UNDERTAKER Leard Whalen

ADDRESS 308 W. Mulberry

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13282

CERTIFICATE OF DEATH.

47 E 13282

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3103 Walcott ave (St.) 15-4 (Ward)

2-FULL NAME Fannie Blum

(a) RESIDENCE NO. 3103 Walcott ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

DATE OF BIRTH (month, day, and year) unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Herman Hirshfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Simson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. Blum (Address) 3103 Walcott ave

15 Filed AUG 15 1926 C. HAMPSON JONES, M. D. Registrar By Kk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1926 to Aug. 13, 1926, that I last saw h[illegible] alive on Aug. 13, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (terminal)

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma metastatic from breast

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of Breast removed 1924

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidor L. Levy, M. D.

Aug. 13 1926 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 8/15 1926

20 UNDERTAKER Sol Simson & Bro. — ADDRESS 2 Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13283

CERTIFICATE OF DEATH.

118-002

E 13283

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 105 E Franklin ave WARD 2)

2-FULL NAME. George Stuckrath

(a) RESIDENCE NO. 105 E Franklin ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Kolferbert

DATE OF BIRTH (month, day, and year) Aug 25 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Business

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Geo Stuckrath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frederick Bleltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Barbara Stuckrath

(Address) 105 E Franklin ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 13, 1926, that I last saw h alive on Aug 12, 1926, and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows: Strangulation of bowel

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Copse, M. D.

, 19 (Address) Copse & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Aug 16 19

20 UNDERTAKER John Ulrich

ADDRESS 200 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13284

CERTIFICATE OF DEATH.

188-003 E 13284

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kelly.(C)

(a) RESIDENCE NO. 1645 Orleans St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Femald.	Colored.	Married.

3a If married, ~~widowed or divorced~~ (or) WIFE of James Kelly.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

10 NAME OF FATHER John Hackett.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant James Kelly.(C)husband.

(Address) 1645 Orleans St.

15 Filed 1 3 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and femur.
Struck and knocked down by automobile while crossing street, not at crossing.
Accidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D. (Coroner)

8/13 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Orleans St. between Broadway & Bethel St

Former or usual residence August 11, 1926.

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — Date of Burial aug 15, 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1681 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13285

CERTIFICATE OF DEATH.

90 E 13285

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1945 N. Collington Ave ST. 8c1 WARD)

2-FULL NAME Timothy Jones.

(a) RESIDENCE NO. 1945 N Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER James H. Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Viola Blankship

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Viola Jones.
(Address) 1945 N Collington Ave

15 Filed 8 15 1926 19 C. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13 1926

17 I HEREBY CERTIFY, That I attended deceased from aug 1, 1926 to aug 13, 1926

that I last saw him alive on aug 12, 1926

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Rheumatic in Origin

(duration) yrs. 6 mos. ds.

CONTRIBUTOR (Secondary) Acute Cardiac Dilatation

(duration) ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

Signed C. Thampson Jones M. D.

(Address) 1945 N Collington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 16 1926
20 UNDERTAKER	**ADDRESS**
Chas E. Gilbert & Son	2334 Jeff

Cor.—12-9-25—A Co.—200 Bks.

E 13286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 ✓

E 13286

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital. St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert L. Esterson.

(a) RESIDENCE NO. 2922 Norfolk Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

7 DATE OF BIRTH (month, day, and year) February 26, 1923

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Jacob Esterson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Annie Marcus.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Jacob Esterson. (father)

(Address) 2922 Norfolk Ave.

15 Filed AUG 15 1926 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Pernhardt, M. D. (Coroner)

8/14 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs.,...mos.,...ds. In the State...yrs.,...mos.,...ds.

Where was disease contracted, if not at place of death?

2922 Norfolk Ave. August 14, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Date of Burial 8/15/26

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balt St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13287

CERTIFICATE OF DEATH.

11 E 13287

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myer Rosenberg.

(a) RESIDENCE NO. 35 N. Eden ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Rosenberg

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dresser

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Dora Rosenberg

(Address) 35 N. Eden St

Filed ... E. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 13, 1926, that I last saw him alive on Aug 13, 1926 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 10, 1926

Was there an autopsy? no.

What test confirmed diagnosis? Operation.

(Signed) Philip Jacobson M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehrer Rosedale — DATE OF BURIAL 8/15 19 26

20 UNDERTAKER Jack Levin 1439 — ADDRESS Balt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13288

CERTIFICATE OF DEATH.

117 E 13288

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST 1572 WARD)

2-FULL NAME Mrs Rose Schmulowitz

(a) RESIDENCE NO. 2213 Presbury St. ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Lazor Schmulowitz

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 65 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sam Schmulowitz

(Address) 2307 Presbury

15 AUG 15 1926 HAMPSON JONES Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-14 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-31, 1926, to 8-14, 1926, that I last saw h[illegible] alive on 8-14, 1926, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Appendicitis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 8-10-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jaslow M. D.

, 19 (Address) Upshur Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

DATE OF BURIAL: 8/15 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: Eutaw

Rec.—1-12-23—M&T—500 Blks.

13289

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 13289

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. general Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 18-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Weiner

(a) RESIDENCE NO. 949 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8 mos		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Samuel Weiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hagerstown Md

12 MAIDEN NAME OF MOTHER: Edna Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Samuel Weiner

(Address): 949 Hollins St

Filed AUG 15 1926 THOMPSON-[illegible], M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to Aug 15, 1926,

that I last saw h[illegible] alive on Aug 15, 1926,

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilat-cardiac

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Lab.

(Signed) A. L. Jensen, M. D.

8/15, 1926 (Address) West Baltimore General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herrn Sinai

DATE OF BURIAL: 8/15 1926

20 UNDERTAKER: Jack Levis

ADDRESS: 1429 E. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13290

CERTIFICATE OF DEATH.

100-001

E 13290

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St. 27-11 WARD)

2-FULL NAME Joseph Lanterman

(a) RESIDENCE No. 14 Euclid Ave. St. Hamilton, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 15, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Garnett Lanterman

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Louis

12 MAIDEN NAME OF MOTHER Margaret Worthington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Garnett Lanterman

(Address) 14 Euclid Ave

Filed 5 1926 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926 to Aug 13, 1926

that I last saw him alive on Aug 13, 1926

and that death occurred, on the date stated above, at 11 05 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Edema of Lung

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Louis F. Levy, M. D.

(Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	Aug 16 1926

20 UNDERTAKER Leonard J. Rauch ADDRESS Fulton & Hamilton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13291

CERTIFICATE OF DEATH.

2 E 13291

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Pleasant View Ave St. (or Locality) 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide M. Rossi

(a) RESIDENCE NO. 520 Pleasan View Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Sing[le]

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 14 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER John Rossi

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rose M. Gagliardi

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mr John Rossi
(Address) 520 Pleasan Vieir Ave.

15 Filed OCT 5 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 14, 1926,

that I last saw h[er] alive on Aug 14, 1926,

and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poleomyelitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

Aug 18 1926 (Address) 1823 N. Wash Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemy

DATE OF BURIAL Aug 18 1926

20 UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 13292

CERTIFICATE OF DEATH.

E 13292

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Abruma ST., 2-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bruno Pialarski

(a) RESIDENCE No. 1615 Abruma ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mat Pialarski

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt. 63				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Poland

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant George Lubinski

(Address) 38 S. Ellwood

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/9, 1926, to 8/13, 1926,

that I last saw h alive on 8/13, 1926,

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Harry Bruchs M. D.

, 19 (Address) 220 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL 8/17, 1926

20 UNDERTAKER M. Sadowski, ADDRESS 705 S. Ann St.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13293

CERTIFICATE OF DEATH.

90 E 13293

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Druid Hill Ave WARD) 14-1

2-FULL NAME William Howard Womley

(a) RESIDENCE NO. 1410 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): 1883

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(h) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: John Womley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Nellie Lovejoy

(Address): 1410 Druid Hill Ave

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

AUG 5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 1926 to Aug 12th 1926.

that I last saw h.. alive on Aug 12th 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma, with Enlargement

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Catarrh

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Gebhart, M. D.

8/13 1926 (Address) 711 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 8/15/1926

UNDERTAKER: Chas. H. Alexander

ADDRESS: 1408 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13294

CERTIFICATE OF DEATH.

44 ✓

E 13294

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 S Dallis St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jozkiewicz

(a) RESIDENCE NO. 321 S Dallis St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced WIFE of: mary ca Jozkiewicz

6 DATE OF BIRTH (month, day, and year): apr 25 1858

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	3 ~~11~~	18 17	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country): Poland Jozkiewicz

PARENTS

10 NAME OF FATHER: Michael

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Wife John Jozkiewicz

(Address): 1806 E Eden ave

15 Filed 1 5 1926 C. HAMPSON JONES, M.D.

Per K K Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 12, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(durntion) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Heart Cyhaustion

(durntion) yrs. mos. 4 ds.

(Signed) James M Fenton, M. D.

(Coroner)

8/14, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem Date of Burial: aug 16 1926

20 UNDERTAKER: John A Weber ADDRESS: 1803 Bank st

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13295

CERTIFICATE OF DEATH.

129 E 13295

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 741 Mc Cabe Avenue St. 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mr. William B. Quinn

(a) Residence No. 741 Mc Cabe Avenue St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) Charlotte T. Quinn

DATE OF BIRTH (month, day and year) Oct. 18th. 1875

AGE 50 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Plumbing Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)... Plumbing Self

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Avon, New York

10-NAME OF FATHER, Patrick Quinn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Conley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

(Informant) Leo. A. Byrnes

(Address) 747 McCabe Ave.

8-5 1926 C. HAMPTON JONES, M. D. Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 13/26

17- I HEREBY CERTIFY, That I attended deceased from July 1 1926, to Aug 13 1926, that I last saw him alive on Aug 13 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Morris B. Green, M. D.

8/15, 1926 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Paul's Cem. Forons

DATE OF BURIAL, Aug 16... 1926

20-UNDERTAKER. Wm J. Hartig & Co.

ADDRESS 1225 Forest Park Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13296

CERTIFICATE OF DEATH.

90 E 13296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 885 Lemmon St ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Harman

(a) RESIDENCE NO. 885 Lemmon St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of late Edward L. Harman

6 DATE OF BIRTH (month, day, and year) Mar. 24, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Edward L. Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Edward L. Harman

(Address) 885 Lemmon Street

15 Aug 13 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 19 26

17 I HEREBY CERTIFY, That I attended deceased from 6/8/26, 19 ..., to 8/13/, 19 26,

that I last saw h[illegible] alive on 8/11/, 19 26,

and that death occurred, on the date stated above, at 2.05 p m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Uremic Coma.

(duration) since yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? another to-day

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard Fenny, M. D.

Aug. 13 19 26 (Address) 910 West Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Aug. 16. 26

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13297

CERTIFICATE OF DEATH.

29 E 13297

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Methodist Home for Aged St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice W. White

(a) Residence No. Fulton Ave & Franklin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7-DATE OF BIRTH (month, day and year) Dec 1, 1848

8-AGE. 77 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

10-NAME OF FATHER: Henry Preston

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Harford, Co. Md

12-MAIDEN NAME OF MOTHER: Anna Wilmer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

14-(Informant): Miss Etta Caddy

(Address): 400 N. Fulton Ave.

15-Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 14, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1926 to Aug. 14, 1926

that I last saw h.r alive on Aug. 11, 1926.

and that death occurred, on the date stated above, at. 6 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) Several yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shamer M. D

, 19 (Address) 700 N. Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hanover Pen — DATE OF BURIAL: Aug 16, 1926

20-UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13298

CERTIFICATE OF DEATH.

151 E 13298

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. Balto City Hospitals (ST.) 1-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Shriver

(a) RESIDENCE NO. 415 S Madeira ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) April 5-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Shriver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Irwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Shriver

(Address) 414 Eax 20th

Filed AUG 16 1926 C. HARRISON JONES, M.D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to Aug. 13, 1926, that I last saw h[illegible] alive on Aug. 13, 1926, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows: Senile Pneumonia Left Foot

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Blayney M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL 8/16 1926

20 UNDERTAKER M. Cook — ADDRESS 502 E Nash

Spec.—12-9-25—A Co.—200 Bks.

E 13299

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13299

74-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 Smith St. 14-1 Ward)

2-FULL NAME Adeline Bauer

(a) RESIDENCE NO. 616 Smith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand C. Bauer

6 DATE OF BIRTH (month, day, and year) 19th Aug 1855

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	25	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of indnstry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) Balto Md

(State or country)

10 NAME OF FATHER Barthdomey Winkler

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Family

(Address) 616 Smith St

Filed AUG 16 1926 C. HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 1926 to Aug 13 1926, that I last saw h.. alive on Aug 13 1926 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted at home

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Chas. H. Bufant, M. D.

, 19 (Address) 1100 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Aug 16 1926

20 UNDERTAKER W. M. Cook ADDRESS 702 E Wash.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13300 118-007 E 13300

E 13300

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2901 Brighton St. 16-3 Ward)

2-FULL NAME Frances R. Garenkort

(a) RESIDENCE NO. 2901 Brighton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Garenkort

7 DATE OF BIRTH (month, day, and year): Mar. 23, 1847

AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
79	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto., Md.

10 NAME OF FATHER Chas. Masterman

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Garenkort

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

PARENTS

14 Informant Adele Garenkort

(Address) 2901 Brighton St

15 Filed ..... 19 ..... C. WILSON JONES (Registrar)

AUG 16 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926.

August 12,

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1926, to Aug 12, 1926

that I last saw her alive on August 12, 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. J. Hennessy, M. D.

8/13/1926 (Address) 7 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Aug 16, 1926

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13301 — 161-90 — E 13301

CERTIFICATE OF DEATH.

E 13301

1-PLACE OF DEATH University Hospital — Registered No. 22-2

City of BALTIMORE: (No. Lombard & Greene St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Webb

(a) Residence No. 16 Hill St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Baby

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day and year) 8, 13-26

AGE, ...yrs....mos....ds.

If LESS than 1 day, 4 hrs. or 50 min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or Country), Pennsylvania

10-NAME OF FATHER, Henry Webb

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER, Melvina Barnes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), South Carolina

(Informant)

(Address)

Filed AUG 16 1926 192.... C. HAMPSON JONES, M. D. Registrar. By E H G

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8-14-26

17- I HEREBY CERTIFY, That I attended deceased from 8-13-, 1926, to 8-14 1926, that I last saw h[illegible] alive on 8-14 1926, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Therapeutic abortion

Maternal Nephritis Hyperemesis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Prematurity — Congenital atelectasis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Esta F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,

DATE OF BURIAL, ..., 19....

20-UNDERTAKER,

ADDRESS,

UNIVERSITY OF MARYLAND

pec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13302

CERTIFICATE OF DEATH.

74-8E 13302

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals) ST. 11-2 WARD

2-FULL NAME Susan Grayson

(a) RESIDENCE No. 820 Dugan ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) ? 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Op

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant City Hospitals Records
(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to August 13 1926
that I last saw he alive on August 13, 1926
and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General - Labor.

(Signed) C. Holmes Bonzel, M. D.

19 19 (Address) CITY HOSPITALS

*State the ~~Disease Causing Death, or in deaths from~~ Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Jan 15/1926 19

20 UNDERTAKER David Earon

ADDRESS 916 Baltimore

rec—12-23-21—E.B.R.S.—400 Bks.

E 13303

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13303

CERTIFICATE OF DEATH.

100-801

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 245 Pearl St. St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alonzo Bullock

(a) Residence No. 245 Pearl St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced, (Write the word.): Child

6-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day and year) Jan. 1922

AGE: 4 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or Country): Norfolk Va

10-NAME OF FATHER: Yell Bullock

11-BIRTHPLACE OF FATHER (city or town) (State or Country): North Carolina

12-MAIDEN NAME OF MOTHER: Martha Cherry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): North Carolina

14-(Informant) Yell Bullock

(Address) 245 Pearl St.

15-Filed ..... 192 C. HAMPSON JONES, M.D. Registrar.

Per

OCT 6 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 8/13/26

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1926 to July 22, 1926.

that I last saw him alive on July 26 1926,

and that death occurred, on the date stated above, at 6:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) — yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C M Lawrence M. D.

, 19 (Address) 1232 W. Mosher St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn Cem	Aug 15 1926
20-UNDERTAKER Samuel Tarbai	ADDRESS 96 Paca

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13304

E 13304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore Gen Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Longest

(a) RESIDENCE NO. 409 Carroll St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Aug 10 1923

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	3		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

10 NAME OF FATHER Geo E. Longest

11 BIRTHPLACE OF FATHER (city or town)

(State or country) King & Queen Co Va

12 MAIDEN NAME OF MOTHER Mamie Shelton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Stafford Co Va

14 Informant Geo E Longest

(Address) 409 Carroll St Bomblg

Filed AUG 16 1926 C. HAMPSON JONES, Registrar

Per EKD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/8, 1926, to 8/13, 1926, that I last saw h[illegible] alive on 8/13, 1926, and that death occurred, on the date stated above, at 8 30 ?.m.

The CAUSE OF DEATH* was as follows:

Infective Diarrhoea

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Ac. Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 409 Carroll St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) William B Dalton, M. D.

8/13, 1926 (Address) 808 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: Aug 16 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 13305 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Church ST. Curtis Bay WARD) 11 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Keene

(a) RESIDENCE No. 2 Church ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dt.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George H Keene

DATE OF BIRTH (month, day, and year) March 8 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Dorchester Co Md

10 NAME OF FATHER William Hall

11 BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Georgia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Mr William Hall

(Address) 2 Church St Curtis Bay

15 FILED 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1926 to Aug 14 1926

that I last saw her alive on Aug 13 1926

and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pul)

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) William Aberth M. D.

(Address) 816 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Creek Md via W B & A

DATE OF BURIAL Aug 16 1926

20 UNDERTAKER John F Denny

ADDRESS, 715 Light St

rec.—1-10-21—M&T—1500 Bks.

E 13306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 135 E 13306

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp'l ST., 12 WARD)

2-FULL NAME George Wilhelm

(a) RESIDENCE NO. Alesia, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Ruth Wilhelm

DATE OF BIRTH (month, day, and year) Nov. 22, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Reisterstown, Md

10 NAME OF FATHER George Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hampstead, Md

12 MAIDEN NAME OF MOTHER Ruth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westminster, Md.

14 Informant Mrs. George Wilhelm (Address) Alesia Md.

15 Filed AUG 16 1926 C. HAMPSON JONES, M. D. Registrar Per EHK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926 to Aug 16, 1926 that I last saw him alive on Aug 16, 1926 and that death occurred, on the date stated above, at 1240 A.

The CAUSE OF DEATH* was as follows:

Anuria - uremia

Enlargement

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Enlargement Prostate

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Alesia, Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. A. Sparks M. D.

, 19 (Address) U. M. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alesia, Md. DATE OF BURIAL Aug. 19 1926

20 UNDERTAKER Jacob Wink's Sons ADDRESS Manchester, Md

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13307

13307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 W. Fayette St. ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha D Smith

(a) RESIDENCE NO. 1418 W. Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) March 12th 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		6	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Ernest Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Agnes Trott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Ernest Smith.

(Address) 1418 W. Fayette St

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

AUG 16 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/14/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/12/ 1926 to 8/14/ 1926

that I last saw h alive on 8/14/ 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos (Conv) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Shepherd Brain M. D.

, 19 (Address) 1717 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Aug 16 1926

20 UNDERTAKER: Lilly and Zeiler, 403 S Wolfe St ADDRESS

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 13308

1001 L 13308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 314 Richmond St. City
Miss Hannah Riordan

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: white

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	68	—		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland.

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

Informant Same
(Address)

Filed 1926 19 C. HAMILTON JONES, M.D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13- 1926

17

I HEREBY CERTIFY, That I attended deceased from 6-17 .1926. to 8-13 .1926.,

that I last saw her alive on 8-13 .1926.,

and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Senility
Arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) ~~Senility~~ Bronchopneumonia

(duration) yrs. mos 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) J. Heron Hunter, M. D.

8/13. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lakeview Cem

DATE OF BURIAL: 8/16 1926

20 UNDERTAKER: J. J. Fahey & Sons

ADDRESS: 131 Eight St.

pec.—1-10-21—M&T—1500 Bks.

E 13309 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13309

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1141 W. Saratoga ST. 16-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Turner

(a) RESIDENCE NO. 1141 W Saratoga ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 31. 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		2	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —

(State or country)

12 MAIDEN NAME OF MOTHER Mary Turner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

Informant Mary Turner

(Address) 1141 W Saratoga

Filed JAN 6 1926 C. HAMPSON JONES, M. D. Registrar

Per EAK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 25. 1926. to Aug 14. 1926.

that I last saw h[illegible] alive on Aug 13. 1926.

and that death occurred, on the date stated above, at 9.30A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) ..... yrs. — mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) W S Howells M. D.

8/14 1926 (Address) 1197 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL August 1926

UNDERTAKER Mrs. Katie R. Williams

ADDRESS 321 N. Schroeder St.

—6-9-19—H. P. Co.—1000 Bks.

E 13310

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

10 E 13310

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 1403 Ward St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Young

(a) RESIDENCE. No. 1403 ward St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harford County

10 NAME OF FATHER: Arthur Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Spoty Co. Va

12 MAIDEN NAME OF MOTHER: Manday Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jamesville ohio

Informant: William Young
(Address) 931 Peach Alley

Filed AUG 16 1926 C. HAMILTON JONES, M. D. Registrar

Per Cake

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1926

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to Aug 12, 1926

that I last saw [redacted] alive on Aug 11, 1926

and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Stomach

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Course

(Signed) Charles H. Foster M. D.

Aug 14 (Address) 712 S. Chapel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 8/16 1926

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 139 W Hamburg St

Spec.—1-10-21—M&T—1500 Bks.

E 13311 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13311

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm B. Leubecker

(a) RESIDENCE No. 1734 N. Port ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Maurice Leubecker

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Sook

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

Informant John Leubecker

(Address)

Filed AUG 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1926, to Aug. 14, 1926

that I last saw h[illegible] alive on Aug. 14, 1926

and that death occurred, on the date stated above, at 10:25 p m.

The CAUSE OF DEATH* was as follows:

Uremia Femur - fractured Left femur. (Fall from window) -

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Labor Premium

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Balto City Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W Bauwel, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL | DATE OF BURIAL

[illegible] Hill Cemetery Aug 18 1926

UNDERTAKER Edward M Fisher

ADDRESS Laurel Md

Spec.—12-9-25—A Co.—200 Bks.

E 13312

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 13312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Smith (Schmidt)

(a) RESIDENCE NO. 294 S. Castle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced ~~WIFE~~ HUSBAND of Mary Smith

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

15 Filed _____, 19____ Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1925, to August 14, 1926

that I last saw him alive on August 14, 1926

and that death occurred, on the date stated above, at 10:30 A.m.

The CAUSE OF DEATH* was as follows:

Nephritis - chronic

Arteriosclerosis - hypertension

Hemiplegia - left

(duration) 1 yrs. 8 mos. ___ ds.

CONTRIBUTORY _____

(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? General & Lab.

(Signed) C. Holmes Davis, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel	8/16 1926
20 UNDERTAKER Philip Henrig	ADDRESS 2016 Orleans St.

Spec.—12-9-25—A Co.—200 Bks.

E 13313 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 13313

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 N. Pat. Pk Ave St., 8-4 Ward)

2-FULL NAME Jenie M. Johns

(a) RESIDENCE NO. 1004 N. Pat. Pk Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of: George L. Johns

7 DATE OF BIRTH (month, day and year): Feb 29/76

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

10 NAME OF FATHER: Henry Bachman

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Sarah Butler

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Md.

PARENTS

14 Informant: George L. Johns

(Address) 1004 N. Pat. Pk Ave

Filed 8 16 1926 19 C. HAMILTON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Aug 13/26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17 19 25, to Aug. 13 19 26, that I last saw h- alive on Aug 13 19 26, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) General metastasis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Heck, M. D.

8/17 19 26 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore. Date of Burial: 8/16 1926

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13314 — 124 E 13314

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 S. Robinson St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura P. Fischer

(a) RESIDENCE NO. 417 S. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E Fischer

6 DATE OF BIRTH (month, day, and year): sept 27. 1877

7 AGE — Years: 48 — Months: 10 — Days: 17 16 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John F. Oliver

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Eady R. West

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): New York City

14 Informant: John E. Fischer

(Address): 417 S. Robinson St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1 6 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1926, to Aug 13, 1926; that I last saw her alive on Aug 13, 1926; and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Inflamation Gall Bladder

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted: unknown

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Frances B. Tipton, M. D.

8/14, 1926 (Address) 311 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Aug 17 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13315

E 13315

129

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 414 E. Fort St. 24-1 Ward)

(If death occurred in a hospital or institution give its NAME and of street and number.)

2-FULL NAME George J. Schley

(a) RESIDENCE NO. 414 E. Fort St. Ward

(Usual place of abode) (If non-resident give city and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign bi... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	white	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Schley

DATE OF BIRTH (month, day, and year) 1-14-1837

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	89	7	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mer. ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Germany

(State or country)

10 NAME OF FATHER J. George Schley

11 BIRTHPLACE OF FATHER (city or town) German

(State or country)

12 MAIDEN NAME OF MOTHER Anie Lang

13 BIRTHPLACE OF MOTHER (city or town) Ger.

(State or country)

PARENTS

14 Informant Miss Schley

(Address) 414 E. Fort Ave

15 Filed 6 1926 19

C. HAMPSON JONES, M.D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 2, 19 26, to Aug 14, 19 26

that I last saw h... alive on Aug 14, 19 26

and that death occurred, on the date stated above, at 12.30 Am.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Hypertension, (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs.

(Signed) Sidney H. Streett M. D.

8/15, 1926 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL S. I. Matthews — Date of Burial 8/16 19 26

20 UNDERTAKER D. Frew McCully — ADDRESS 130 E. Fort

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13316

CERTIFICATE OF DEATH.

74-001 E 13316

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1702 E. Fort. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Milke

(a) RESIDENCE NO. 1702 E Fort. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Milke.

7 DATE OF BIRTH (month, day, and year): May 10 - 1866

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: John Hahn

11 BIRTHPLACE OF FATHER (city or town): Germa

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: August Milke

(Address) 1702 E Fort

15 FILED ....., 19..... C. HAMPSON JONES, M. D.

6 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 14/26 - 19

17 I HEREBY CERTIFY, That I attended deceased from July 11/26, to aug 14/26, 19.....,

that I last saw h.e. alive on aug 14/26, 19.....,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 4 hours

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis & High Blood Pressure

(Secondary)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted? yes

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Holly, M. D.

aug 16 26 (Address) 1732 E Fort

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross. Date of Burial: Aug 18

20 UNDERTAKER: J. Frew McCurdy ADDRESS 1820 E Fort

Spec—12-23-21—E.B.R.S.—400 Bks.

13317

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

CERTIFICATE OF DEATH.

Registered No. 13317

1-PLACE OF DEATH

City of BALTIMORE: (No. 1724 Aliceanna St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ALBERT LIPINSKI,

(a) Residence No. 1724 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Lipinske.

7-DATE OF BIRTH (month, day and year): April 23-1855.

8-AGE: 71 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Daylaboer,
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Poland,

PARENTS.

10-NAME OF FATHER: Stephen Lipinski.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland.

14-Informant: Mary Lipinska, (Wife)
(Address) 1724 Aliceanna St.,

15-Filed Aug 16 1926 C. HANSON JONES, M. D. Registrar. Per BKC

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): August 15th

I HEREBY CERTIFY, That I attended deceased from August 12 19 26 to August 15 19 26

that I last saw him alive on August 15 19 26

and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Peritonitis following
Intestinal Obstruction

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J. Radomek M. D.

Aug. 16 1926 (Address) 1724 Aliceanna St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Aug. 17., 1926.

20-UNDERTAKER: M. F. Sadowske.

ADDRESS: 705 S. Ann

pec.—1-10-21—M&T—1500 Bks.

E 13318 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 E 13318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 26-E WARD .....)

2-FULL NAME Eva Hauelpipe.

(a) RESIDENCE NO. 352 E. Forest View Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) .....

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 0

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

7 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Hauelpipe

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Syder

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Elizabeth Kuschak
(Address) Forest View Res. Apts.

15 Filed AUG 16 1926 HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1926 to Aug. 13, 1926 that I last saw her alive on Aug. 15, 1926 and that death occurred, on the date stated above, at 12 M P. m.

The CAUSE OF DEATH* was as follows: Pathological Fracture Neck Left Femur (Carcinoma?) (Cancer)

(duration) ..... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Auriculor Fibrillation

~~Senile~~ (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No X-ray.

What test confirmed diagnosis? .....

(Signed) A. L. McAnally, M. D.

8/15, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Aug 1926

20 UNDERTAKER Robt. T. Turner ADDRESS 1442 Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13319

CERTIFICATE OF DEATH.

90 E 13319

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2208 Ruskin ave St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome L Haddaway

(a) RESIDENCE NO. 2208 Ruskin ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 Color or Race White

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the~~ word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 2 - 1911

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Reese L Haddaway

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Freeman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Elizabeth Haddaway

(Address) 2208 S. Ruskin ave

15 Filed....., 19.....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 5 1925, to Aug 13, 1925

that I last saw h.. alive on Aug 13, 1925

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Valvula Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY Embolus

Secondary Sudden

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathaniel Barb, M. D.

, 19 (Address) 701 Gwynns Falls Pkwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemetery	Aug 16 19

20 UNDERTAKER Robt J Turner Son

ADDRESS 1943 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Blks.

E 13320 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13320

CERTIFICATE OF DEATH.

6-257

1-PLACE OF DEATH

City of BALTIMORE: (No. 2015 Jefferson St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Pyatt

(a) Residence No. 2015 Jefferson St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	Married

6-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Charles E. Pyatt

DATE OF BIRTH (month, day and year) October 22, 1873

AGE	If LESS than 1 day,
53 yrs. 9 mos. 32 ds.	hrs. or min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) General Home

(c) Name of employer private

BIRTHPLACE (city or town) (State or Country), Frederick Md

10-NAME OF FATHER, John Middlekamp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER, Mary Collins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Frederick Md

14-(Informant) Charles E. Pyatt

(Address) 2015 Jefferson St.

15-Filed C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 13, 1926

17- I HEREBY CERTIFY, That I attended deceased from August, 1923., to Aug 13, 1926

that I last saw h. alive on August 12, 1926.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~pernicious anemia~~

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

Aug 14, 1926 (Address) 2006 E. Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Baltimore Cemetery	Aug 16, 1926

20-UNDERTAKER	ADDRESS
Robt F Turner Sr.	544 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

E 13320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924

REGISTERED NO. E 13320

1-PLACE OF DEATH

City of BALTIMORE: (No. 101 S. Collington St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. White

(a) RESIDENCE NO. 101 S. Collington St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Aug. 24th 1925

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles White

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Evelyn Willard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Charles White

(Address) 101 S. Collington Ave

15 Filed C. HAMPSON JONES, M. D. 19 Registrar

C 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug 15

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1926, to Aug 15, 1926, that I last saw h... alive on Aug 15, 1926, and that death occurred, on the date stated above, at 4.39 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Heart Failure

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Aug 16 1926 (Address) 2201 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial Aug 16 1926

20 UNDERTAKER: Lilly & Sons ADDRESS 403 S. Arch St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13322

CERTIFICATE OF DEATH.

31 E 13322

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 S. Milton Ave St. 3-V Ward)

2-FULL NAME Walter. Jarzynski

(a) RESIDENCE NO. 161 N. Eastern Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 0/2 yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jarzynski

6 DATE OF BIRTH (month, day, and year) June 7-1883

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	2	5-7	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 37

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City F.D.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Poland

10 NAME OF FATHER Anton Jarzynski

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Michalak

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

PARENTS

14 Informant Wm. Jarzynski

(Address) 509 S. Milton Ave

15 Filed_____, 19____ C. HAMPSON JONES Registrar

Per_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to July 21, 1926, that I last saw him alive on July 21, 1926, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Laryngeal TB.

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward A. Cooper, M. D.

8/16, 1926 (Address) 605 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial 8/17 1926

20 UNDERTAKER Wm. Faelsowski ADDRESS 168 Eastern Ave.

ec.—6-9-19—H. P. Co.—1000 Bks.

E 13323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 13323

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2003 Spruce ST. 7-1 WARD)

2-FULL NAME Antoni Wasiewski

(a) RESIDENCE. No. 2003 Spruce ST., WARD.

(Usual place of nbode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 18 yrs. 0 mos. 0. ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Leokadja Wasiewski

DATE OF BIRTH (month, day, and year) June 3, 1887 1887 Cath.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39 Yrs.		2 Mos.	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Weisteltle & Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER James Wasiewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Wodorowska.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mrs. T. Laso.

(Address) — — — —

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug. 13, 1926, that I last saw him alive on Aug. 13, 1926, and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, chronic, Bilateral.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Examination.

(Signed) Chas. S. Hemstadt. M. D.

8/14. 1926 (Address) 1730 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 8/17 1926

20 UNDERTAKER: Wm. Fiaschetti 1618

ADDRESS: Eastern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13324 E 13324

CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. ..... ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary C. Biana

(a) RESIDENCE NO. 2416 Eutaw ave. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	married.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A. Biana

DATE OF BIRTH (month, day, and year) Oct 7 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	10	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John R. Mitchell

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta M. Cole

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Hattie C. Gregory (Daughter)
(Address) 3500 Copley Rd

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926, to Aug 14, 1926, that I last saw h alive on Aug 14, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of Aug 13th 1926.

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Jno A. Sampson Jones M. D.

, 19 (Address) 1 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Aug 17 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Eighth St

pec.—1-10-21—M&T—1500 Bks.

E 13325 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13325

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. 7 Bath ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Bandroff.

(a) RESIDENCE No. 1806 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 2 yrs. 6 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 25/23

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore Maryland (State or country)

10 NAME OF FATHER Samuel Bandroff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Eva Chesen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Bandroff

(Address) 1806 E Balto St

Filed AUG 16 1926 HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 16, 1926, that I last saw him alive on 8/16, 1926, and that death occurred, on the date stated above, at 8.00 a. m.

The CAUSE OF DEATH* was as follows:

I. B. Meningitis

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of No

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) John Aaron Austin, M. D.

8/16 1926 (Address) Sinai Hospital 7 Bath

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 8/16 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 13326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13326

1-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's H. of.

CITY OF BALTIMORE: (No.) Caroline Clair (St.) 6-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Russell

(a) RESIDENCE No. 15 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 7-13-1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	6		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: James. Russell.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: ? Hermann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

PARENTS

14 Informant: James Russell.

(Address) 1517 E. Fayette St.

15 Filed AUG 16 1926 C. HAMPSON JONES, M. D. Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Aug 13, 1926,

that I last saw him alive on 8/13, 1926

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(General peritonitis)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Purpuric Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Widal, Blood Culture

(Signed) D. M. Rodey, M. D.

8/13 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashburn Cemetery DATE OF BURIAL: Aug 17 1926

UNDERTAKER: Caroline Clair. H. Johnson ADDRESS: 462 N. Carolina Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13327

CERTIFICATE OF DEATH.

159-002

E 13327

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 Inloes Alley. St. 11-2 Ward)

2-FULL NAME Doris N. Smith. (C)

(a) RESIDENCE NO. 207 Inloes Alley. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) May 23, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	0	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Norman Smith. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ada Taylor. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Ada Smith. (C) mother.

(Address) 207 Inloes Alley.

15 Filed_____, 19__ C. RAMPSON JONES, M. D.

1926 By_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner, au- inquiry topsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

Mitral Insufficiency. congenital

(duration) ....yrs. ....mon. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

8/16 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial aug 16 1926

20 UNDERTAKER Mrs R A. Elliott ADDRESS 1725 Fulton ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13328 13329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, Baltimore ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marion B. Wrenn

(a) RESIDENCE No. 257 Bergens St. ST., Brooklyn N.Y. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

DATE OF BIRTH (month, day, and year) ? 1880

AGE	Years	Months	Dsys	If LESS than 1 day, hrs. or min.
46				

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Goverment

(c) Name of employer: New York,

8 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Christine Kristiansen

13 BIRTHPLACE OF MOTHER (city or town) N. Y. (State or country)

14 Informant: Rev H J Morrell (Address) Riverhead L. I.

15 Filed C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to Aug 13, 1926, that I last saw h alive on Aug 13, 1926, and that death occurred, on the date stated above, at 3:25 p.m.

The CAUSE OF DEATH* was as follows:

Fractured Patella Right 3 mo.
Chronic Nephritis 2 mo
Chr. Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2, ds.

18 Where was disease contracted if not at place of death? at Hospital.

Did an operation precede death? Yes Date of 6/10/26

Was there an autopsy? No Fracture of Patella

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

8/13, 1926 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Riverhead Long Island

DATE OF BURIAL: 8/16 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins

pec.—1-10-21—M&T—1500 Bks.

4390
13329

HEALTH DEPARTMENT—CITY OF BALTIMORE

13329 Pol d

CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH

CITY OF BALTIMORE: JOHNS HOPKINS HOSPITAL (No. 25-11 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Coplinski

(a) RESIDENCE NO. 419 Monroe St. ST. Carlton WARD Bay - Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec. 6. 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Emily Montczynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 3 , 1926, to Aug. 15 , 1926, that I last saw h alive on Aug 15 , 1926, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thomas W Cornwall M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. Q.A.	Aug 16 1926
20 UNDERTAKER Margaret A. Flynn	ADDRESS 1428 Light St

...—1-12-23—M&T—500 Bks.

E 13330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13330

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

...TY OF BALTIMORE: (No. 1012 E Pratt St ST. 3-1 WARD)

2-FULL NAME Frank Botaro

(a) RESIDENCE NO. 1012 E Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

DATE OF BIRTH (month, day, and year): October 15 1924

AGE: Years 1 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Nicholas Fortaro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Lanzisetta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Nicholas Fortaro

(Address): 1012 E Pratt St.

Filed Aug 17 1926 C. HAMPSON JONES, M. D. Registrar

Per P.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14th, 1926, to Aug 16th, 1926, that I last saw h[illegible] alive on Aug 15th, 1926 and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(I have this from Dr. McCleary who explained the case to me Aug 15th and asked me to see the child next day. The child [illegible] mos [illegible] ds. [illegible] before I saw it. M.D.)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Standish McCleary M.D.

per Wm S. Lockwood

, 19 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: Aug 17 1926

20 UNDERTAKER: Kendel & Lippold — ADDRESS: 3001 Eastern

pec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13331

CERTIFICATE OF DEATH.

13331

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 5-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Stewart—

(a) RESIDENCE NO. 706 Fairmount Ave. St. Balto. WARD Md—

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Josiah Stewart—

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md—

12 MAIDEN NAME OF MOTHER Martha Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md—

14 Informant Ricardo—

(Address) JOHNS HOPKINS HOSPITAL

15 AUG 16 1926 C. HAMPSON JONES, M. D. Per AKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-14 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug-14, 1926, that I last saw h[illegible] alive on Aug-14, 1926, and that death occurred, on the date stated above, at 9 35 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Tuberculosis-pulmonary

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eastmarket Dorchester County Md. DATE OF BURIAL Aug 17 1926

20 UNDERTAKER Leonard Thalson ADDRESS 308 Myrtle Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13332

90 E 13332

CERTIFICATE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 26-1 Ward)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant City Hospital Records

(Address)

Date 8 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to Aug 15, 1926

that I last saw her alive on Aug 15, 1926

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general + Exam.

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Brookside Cemetery 1926

20 UNDERTAKER ADDRESS

Roy W. Barber Fairfield Md

Spec.—1-10-21—M&T—1500 Bks.

13333 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13333

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Jefferson ST. 72 WARD)

2-FULL NAME Emma C. Hudecek

(a) RESIDENCE NO. 2104 Jefferson St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3 If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hudecek

DATE OF BIRTH (month, day, and year) ? 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Frank Zaborowsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

PARENTS

14 Informant Frank Hudecek

(Address) 2104 Jefferson St.

15 1926 C. HARRISON JONES, M. D. Registrar

Per 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to Aug. 15, 1926, that I last saw h[illegible] alive on Aug. 15, 1926 and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent V. Cooke, M. D.

, 19 (Address) 725 N. Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 18 1926

20 UNDERTAKER Frank E. Cook Son — ADDRESS 1706 Eden

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13334

CERTIFICATE OF DEATH.

17 E 13334

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., 73 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna LeCompte.

(a) RESIDENCE NO. 2404 McElderry St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. -- mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow.

3a If ~~XXXXX~~ widowed, ~~XXXXXX~~ XXXXXXX (or) WIFE of James LeCompte.

6 DATE OF BIRTH (month, day, and year) July 15, 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....brs. or.....min.
	30	0	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine operator

(b) General nature of industry, business, or establishment in which employed (or employer) Continental Can Co.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Palcher.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Austria.

12 MAIDEN NAME OF MOTHER Mary Gunner.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Mary Gunner. (mother)

(Address) 2404 McElderry St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per Asst

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Benzol poisoning.

Accidental death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

8/16 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Continental Can Co. Highlanftown.

Former or usual residence July 20, 1926

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Co. Date of Burial 8/17/26

20 UNDERTAKER Frank E. Cracken Son ADDRESS 1906 Eastland

Spec.—12-9-25—A Co.—200 Bks.

13335

HEALTH DEPARTMENT—CITY OF BALTIMORE

13335

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 33 E. Fourth St - 232 St. ____ Ward)

2-FULL NAME Henry P. Schmidt

(a) RESIDENCE NO. 33 E Fourth St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma

7 DATE OF BIRTH (month, day, and year): April 1 - 1868

AGE: Years 58 | Months 4 | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Doll

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Frances C. Schmidt

(Address) 33 E. Fourth St

Filed Aug 16 1926 C. HAMPSON JONES, M. D., Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Aug 15, 1926

that I last saw h[illegible] alive on Aug 14, 1926

and that death occurred, on the date stated above, at 6-30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) .....yrs. .....mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed Thos. R. Campbell M. D.

Aug 16 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Aug 19/26

Date of Burial

20 UNDERTAKER: Wm Cook

ADDRESS 502 E Fayette

spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 13336

13336

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 769 Gary ST. 17-3 WARD)

2-FULL NAME Jane Williams

(a) RESIDENCE NO. 769 Gary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

If married, widowed, or divorced

~~HUSBAND of~~ (or) WIFE of: Chas. S. Williams

DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Howard Co Md

10 NAME OF FATHER: Lawson Plummer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Eliza France

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Fannie Thomas Daughter

(Address) 736 George St

15 Filed: 6 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to Aug 14, 1926, that I last saw her alive on Aug 14, 1926, and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Nephritis

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ~~Ft~~ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Carter M. D.

. 19 (Address) 1532 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 8/17 1926

20 UNDERTAKER: Jas. Jno. Skinner

ADDRESS: 1635 E. Madison St

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13337

CERTIFICATE OF DEATH.

129 E 13337

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1515 Presstman ST 15-13 WARD)

2-FULL NAME Daniel Matthews

(a) RESIDENCE No. 1515 Presstman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

If married, widowed, or divorced
HUSBAND of
or) WIFE of Nannie Matthews

ATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Montgomery Co. Md.
(State or country)

10 NAME OF FATHER Singleton Matthews

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Cecily Woodard

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant (Address) Wife 1515 Presstman St

Filed ..... 1926 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/15/1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to Aug 15, 1926.

that I last saw h alive on Aug 13, 1926

and that death occurred, on the date stated above, at 3 A, m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. S. Hopkins, M. D.

8/16, 1926 Address 912 Eilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Aug 17 1926

20 UNDERTAKER Mrs James N. Dennis or T. E. Nelson

ADDRESS 1207 Presstman St

Spec.—8-24-14—M. & T.—2000 Bks.

13338 HEALTH DEPARTMENT—CITY OF BALTIMORE J. 13338

161-002

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Ochenley Road ST. 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel May Dow

(Residence in Baltimore: No. 117 Ochenley Road St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~, (Write the word.)

6-DATE OF BIRTH, Aug. 16, 1926 (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 7 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Wm. S. Dow

11-BIRTHPLACE OF FATHER (State or Country), Boston Mass

12-MAIDEN NAME OF MOTHER Ora Bortner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ora Dow

(Address) 117 Ochenley Road

15- C. HAMPSON JONES, M. D.

AUG 16 1926 Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1926, to Aug 16 1926, that I saw h.er alive on Aug 16 1926, and that death occurred, on the date stated above, at 3-45 p.m.

The CAUSE OF DEATH* was as follows: Probably due to Maternal Ante-Partum Hemorrhage

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)..... (Duration).....yrs.....mos.....ds.

(Signed) M. Watson Pyle M. D.

Aug 16, 1926 (Address) 422 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Aug 17, 1926.

20-UNDERTAKER Edw Roy Shipley — ADDRESS 1252 North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13339 43 E 13330

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 3-3 WARD)

2-FULL NAME Albert Smith

(a) RESIDENCE No. 1401 Eastern Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Smith

DATE OF BIRTH (month, day, and year) Feb 2 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer Not Employed

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Amanda Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Susie Walker
(Address) 108 Montebello Terrace

15 Filed AUG 16 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to Aug. 16, 1926, that I last saw him alive on Aug. 16, 1926, and that death occurred, on the date stated above, at 12 45/a m.

The CAUSE OF DEATH* was as follows:

Carcinoma floor of mouth with Metastases

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) M Mayer M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fallsington Cemetery — DATE OF BURIAL Aug. 18 1926

20 UNDERTAKER Ryder & Jones Inc — ADDRESS 1411 W Lanvale

Cor.—12-9-25—A Co.—200 Bks.

(Louis DeCoursey)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13340

CERTIFICATE OF DEATH.

19 4 E 13340

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Nanticoke Road St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis DeCoursey

(a) RESIDENCE NO. 712 Park St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): 1865

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stableman

(b) General nature of industry, business, or establishment in which employed (or employer): Farm

(c) Name of employer: Dairy

10 BIRTHPLACE (city or town): Unknown

(State or country)

11 NAME OF FATHER: Don't Know

12 BIRTHPLACE OF FATHER (city or town): Don't Know

(State or country)

13 MAIDEN NAME OF MOTHER: Don't Know

14 BIRTHPLACE OF MOTHER (city or town): Don't Know

(State or country)

15 Informant: Louis DeCoursey

(Address) 712 Park St

Filed [illegible] W. C. HAMILTON, M.D.

By [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

(Signed) Harry Bruchs M. D.

(Coroner)

, 19 (Address) 3523 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Aug 17 1926

20 UNDERTAKER: Harry Easton ADDRESS 916 Park Ave

2G1 7182C

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13341

CERTIFICATE OF DEATH.

188-003

22-1

E 13341

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Woodlon.(C)

(a) RESIDENCE NO. 655 W. Lee St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of --; ------

6 DATE OF BIRTH (month, day, and year) October 21, 1907.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. O.P.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Woodlon.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Bardella Wilson.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant William Woodlon.(C)father.

(Address) 655 W. Lee St.

15 Filed AUG 17 1926 19 C. HAMPSON JONES, M.D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Internal Hemorrhage. Crushed about the chest. Fall from, while attempting to board a moving auto truck. Accidental death. (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (duration) ...yrs. ...mos. ...ds.

(Signed) Otto Reinhardt M. D. (Coroner)

8/14 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death? Covington & Gittings Sts. Aug. 13, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Aug 17, 1926

UNDERTAKER John W. Tobin ADDRESS 1027 Bond St.

[illegible] 1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13342 — 31 ✓ — E 13342

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 113 N. Carrollton Ave ST. 6-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Fraley

(a) RESIDENCE NO. 113 N. Carrollton Ave ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June - 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	9			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Joshua McGlotten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Estella Fraley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Estella Fraley

(Address): 113 N. Carrollton Ave

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to Aug 14, 1926, that I last saw her alive on Aug 14, 1926, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lung
Tuberculosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Tuberculosis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr G W Howard M. D.

2-15, 1926 (Address) 705 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 18 1926

20 UNDERTAKER: John H. Frazier — ADDRESS 1027 Wand Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13343

185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~JOHNS HOPKINS HOSPITAL~~ 1131 Brewer Street ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Thomas

(a) RESIDENCE NO. 1131 Brewer Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Thomas

DATE OF BIRTH (month, day, and year) May 4 1815

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Kent Co, Md

10 NAME OF FATHER George Demuen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co, Md

12 MAIDEN NAME OF MOTHER Eliza Rawlings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co, Md

PARENTS

14 Informant Medical Externe

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 7 1926 . 19 C. H. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14 1926

17 The Johns Hopkins Hospital Medical Externe

I HEREBY CERTIFY, That I attended deceased from August 1, 1926, to August 14, 1926,

that I last saw her alive on August 14, 1926,

and that death occurred, on the date stated above, at 1:55 p m.

The CAUSE OF DEATH* was as follows:

Abscess - abdominal wall, resulting from accidental fall down stairs

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis B. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cemetery — DATE OF BURIAL August 17 1926

20 UNDERTAKER John D. Owens — ADDRESS 5352 Belair Ave

Spec.—12-9-25—A Co.—200 Bks.

(Mary or Mamie Cornish)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13344

CERTIFICATE OF DEATH.

74-001 E 13344

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Baltimore City St. 23-1 Ward)

2-FULL NAME Mary Cornish, (Mamie)

(a) RESIDENCE NO. 1114 Stasellengers Court

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 65 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town):

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) ?

14 Informant City Hospitals Records

(Address)

Filed AUG 7 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to Aug 13, 1926, that I last saw h.. alive on Aug 13, 1926, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Interna chronic hypertension cerebral hemorrhage

(duration) ? yrs. mos. ds.

CONTRIBUTORY Bronchopneumonia (Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general + lab.

(Signed) C. Wilmer Boyd, M. D.

(Address) CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn ct - Aug 7 Date of Burial 1926

20 UNDERTAKER: J. W. Brown & Son ADDRESS 108 N. Mount St

Spec.—1-10-21—M&T—1500 Bks.

E 13345 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 13345

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1917 W. Mulberry ST., N-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicolas A. Hudgins

(a) RESIDENCE NO. 1917 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie A Hudgins

7 DATE OF BIRTH (month, day, and year): May 9 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chief Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer: Merchants & Miners Co.

9 BIRTHPLACE (city or town) (State or country): Matthews Co. Va

PARENTS

10 NAME OF FATHER: Wm H. Hudgins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary A Braxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mrs. Minnie A. Hudgins 1917 W. Mulberry St

15 Filed AUG 17 1926 C. HAMILTON BOLES, Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 15, 1926, that I last saw h alive on Aug 15, 1926, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ~~...~~ yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. -

(duration) 3 or 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Burruss Hood, M. D.

8/16, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Aug 17 1926

20 UNDERTAKER: Wm Pickuerdons — ADDRESS: North Pa.

Spec.—12-9-25—A Co.—200 Bks.

E 13346

Anna Roholick

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. [redacted] St. BALTIMORE CITY HOSPITALS 14-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Rohulick

(a) RESIDENCE NO. 1309 Kenyon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15 1883

7 AGE: Years 43 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Hungary

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Hungary

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Hungary

14 Informant City Hospitals Records

(Address)

C. MANSON [illegible], M. D.

15 Filed....., 19.....

Per [illegible] Registrar

G 17 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1926, to Aug. 15, 1926

that I last saw h[illegible] alive on Aug 15, 1926

and that death occurred, on the date stated above, at 6:10 A.m.

The CAUSE OF DEATH* was as follows:

Nephritis - chronic

Myocardial insufficiency

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen'l & Path.

(Signed) C. Hubert Boyd, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Aug 17 1926

20 UNDERTAKER: John J. Fields — ADDRESS: 1200 N Lombard

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 E Eager ST. 10-V WARD)

2-FULL NAME Emma R. Webster

(a) RESIDENCE No. 839 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel B. Webster

DATE OF BIRTH (month, day, and year) July 2, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Annapolis Md

10 NAME OF FATHER Samuel W. Brooke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Florence E. Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Daniel B. Webster

(Address) 839 E Eager St.

Filed AUG 17 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1926 to Aug 15 1926

that I last saw h alive on Aug 15 1926

and that death occurred, on the date stated above at 7 P m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(Chronic) Nephritis

Sepsis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Fred Thompson, M. D.

Aug 16 1926 (Address) 839 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Aug. 18, 1926

20 UNDERTAKER Edward W. Conklin — ADDRESS 924 E Eager St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13348

E 13348

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 Kalborne St. 27-4 Ward)

2-FULL NAME Carrie Butler

(a) RESIDENCE NO. 24 Kelbourne St. 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-14 1904

7 AGE: Years 29. Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER David W. Butler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Carrie Butler

(Address) 24 Kelbourne

15 Filed ..... 19.....

C. HANSON JONES, M. D.

Registrar

AUG 17 1926

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14-1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) John Morrissey M. D.

(Coroner)

8/17. 1926 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cuburne Aug 17th 1926

20 UNDERTAKER Virginia G. Brooks ADDRESS 146 [redacted]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13349

13349

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 N Eutaw St. N-3 Ward)

2-FULL NAME Chas Airey

(a) RESIDENCE NO. 514 N Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Airey

6 DATE OF BIRTH (month, day, and year) Oct. 23 - 1851

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fire Dept. City

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Hiram Airey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Stirling

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant James J. Airey

(Address) 1105 Brighton St.

15 Filed ..... 19 ..... C. THOMPSON ..... Registrar

AUG 17 1926

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 14 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 11th, 19 26, to Aug 14th, 19 26, that I last saw h.. alive on Aug 13th, 19 26, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Benj. Wilson, M. D.

, 19 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park Cemetery Aug 17 1926

20 UNDERTAKER ADDRESS

George L. Schmidt 210 Ludlow St.

...—1-12-23—MAT—500 Blks.

E 13350 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 13350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. N-5 ST., WARD)

2-FULL NAME Everett Burnham

(a) RESIDENCE NO. 1814 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 16, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

10 NAME OF FATHER Everett Stanley Burnham

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country) Md.

12 MAIDEN NAME OF MOTHER Cecelia Bartholome

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

Informant Mrs. Martha Bartholome

(Address) 1940 W. Franklin St.

FILED 1926 . 19 C. HAMPSON JONES, Jr.

Per — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to Aug 15, 1926

that I last saw him alive on Aug 15, 1926

and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchial dilata from (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Lab.

(Signed) C. L. Johnson M. D.

8/15, 1926 (Address) W. Balto General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Pleasant Cemetery	Aug 17 1926
20 UNDERTAKER	ADDRESS
George L. Schwab	2101 Eutaw Ave.

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13351

CERTIFICATE OF DEATH.

129 E 13351

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2593 W. Baltimore ST. 20-3 (WARD)

2-FULL NAME Laura Anne Reigle

(a) RESIDENCE NO. 2593 W. Baltimore St., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Feb 22, 1865

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	61	5	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER John A Reigle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A Ogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Alverda J. Reigle

(Address) 2593 W. Baltimore St

Filed Aug 17 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-17-26, 19..., to 8-14-26, 19..., that I last saw h[illegible] alive on 8-14, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Chr Interstitial Nephritis

Arterio Sclerosis

(duration) ... yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Gerard Howell, M. D.

, 19 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Aug 17 1926

20 UNDERTAKER Wm. Cook — ADDRESS For Edmondson

Spec.—1-10-21—M&T—1500 Bks.

1926
5-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13352 90 E 13352 1872

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 N Gilmor St. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Barker

(a) RESIDENCE NO. 1541 N Gilmor STR. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Barker

6 DATE OF BIRTH (month, day, and year) Feb 2 1872

7 AGE Years 54 Months Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER John Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thos Barker

(Address) 1541 N Gilmor St

15 Date Received AUG 17 1926 C. HAMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926, to Aug 16, 1926, that I last saw h alive on Aug 15, 1926, and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy (Cerebral Hemorrhage)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Williams Frey, M. D.

8/16 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL Aug 18 1926

20 UNDERTAKER Hammett & Wright ADDRESS 1647 N Carey

Cor.—12-9-25—A Co.—200 Bks.

E 13353

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-803 E 13353

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 25-7

2-FULL NAME William L.Gerhardt.

(a) RESIDENCE NO. 1-1/2 S.6th.St.Brooklyn. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 10, 1887.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Baker.

(b) General nature of indnstry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ferdinand Gerhardt.

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Winekel.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Germany.

14 Informant Anna Gerhardt. (mother)

(Address) 1455 Henry St.

C. HAMPSON JONES, M. D.

15 Filed.....19.....

7 1926 Per_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Collision between automobile and auto truck. Accidental death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

8/17 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Annapolis Blvd. near Glen Burnie.

Former or nsnal residence August 13, 1926.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A A Co. Date of Burial 8-18 192

20 UNDERTAKER E & B Harle ADDRESS 115 E West St.

pec.—1-10-21—M&T—1500 Bks.

1926
E 13354

HEALTH DEPARTMENT—CITY OF BALTIMORE

36-003
E 13354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: JOHNS HOPKINS HOSPITAL ST., 8-W WARD)

2-FULL NAME Cornelius Statten —

(a) RESIDENCE No. 1732 N - Hallas ST., Ballo WARD Md —
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

7 DATE OF BIRTH (month, day, and year) Unknown 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va —
(State or country)

PARENTS

10 NAME OF FATHER Andy Statten

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Jenna —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Friends —
(Address) JOHNS HOPKINS HOSPITAL

Filed 1926, 19 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-14 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Aug 14, 1926, that I last saw him alive on Aug-14, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) — yrs. 2½ mos dy.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) ? yrs. mos. 4m da.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Aug 17, 1926

20 UNDERTAKER Mrs RA Elliott — ADDRESS 1725 Ashland Ave

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13355

E 13355

CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST. 16-7 WARD)

2-FULL NAME William Smeak.

(a) RESIDENCE NO. 938 Harlem Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married-

6 If married, widowed, or divorced HUSBAND of [illegible] of Mrs Wm. Smeak-

DATE OF BIRTH (month, day, and year) Oct-20 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
69		10		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Westminster

(State or country) Md

PARENTS

10 NAME OF FATHER Noah Smeak

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Westminster

12 MAIDEN NAME OF MOTHER Louise Shriner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Westminster

14 Informant Self Mary E Smeak

(Address) Salisbury Md

15 FILED AUG 17 1926 19 C. HAMPSON JONES, M.D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to Aug 17, 1926, that I last saw h[illegible] alive on Aug 17, 1926, and that death occurred, on the date stated above, at 6 15 Pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Toxemia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical & Lab -

(Signed) Jno A Sellers M. D.

, 19 (Address) M J Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Aug 20 1926
20 UNDERTAKER George J Smith	ADDRESS 153 N. Hollins

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13356

CERTIFICATE OF DEATH.

90

E 13356

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. N. St. 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Pruett (William H. Pruett)

(a) RESIDENCE NO. 145 N. Gay St, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 1 [illegible]

AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER James Pruett

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Sonsia Allbutt

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mrs. Mary Lenhard

(Address) Catonsville Md

15 Filed [illegible] 19 T. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926, to Aug 15, 1926.

that I last saw him alive on Aug 15, 1926,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. [illegible], M. D.

8/15, 1926 (Address) Mercy Hospital. Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Aug. 17 1926

20 UNDERTAKER: Henry Hoech Sons — ADDRESS: 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13357

CERTIFICATE OF DEATH.

161-001

E 13357

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital of Baltimore ST., 15-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Shindel

(a) RESIDENCE (Usual place of abode) NO. of Parents 3607 Cottage Ave. ST., ... WARD .....

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 15, 1926

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	—	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0 0

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

8 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Hyman Shindel

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Harris

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant M. Shindel
(Address) 3607 Cottage Ave

15 Filed 8 17 1926 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...,

that I last saw her alive on Aug 15, 1926,

and that death occurred, on the date stated above, at 4:45 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Harry Weintraub, M. D.

8/17 1926 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd

DATE OF BURIAL 8/17 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1107 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 13358 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13358

CERTIFICATE OF DEATH.

REGISTERED NO. 1134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Leonard Baldwin, Jr.

(a) RESIDENCE No. 831 Union Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6, 1925.

7 AGE — Years: 1 — Months: 1 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Leonard Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Laurel, Md.

12 MAIDEN NAME OF MOTHER: Evelyn Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Leonard Baldwin (Address) 831 Union Ave

15 Filed Aug 17, 1926. C. HAMPSON JONES, M. D. Registrar

Per GHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1926, to Aug 15, 1926.

that I last saw him alive on Aug. 15, 1926

and that death occurred, on the date stated above, at 4.05 P m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical Exam

(Signed) E. E. Coons, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Aug 17 1926

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 3617 Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13359

CERTIFICATE OF DEATH.

E 13359

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1410 N.Broadway. St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ophelia V.Foster.

(a) RESIDENCE NO. 1410 N.Broadway. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow.

5a If married, widowed, ~~XXXXXX~~ ~~HUSBAND~~ (or) WIFE of Edwin L.Foster.

6 DATE OF BIRTH (month, day, and year) October 6, 1855.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W.Hill.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Drucilla M.Vandiver.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Charles E.Foster.(son)

(Address) 2104 Longwood St.

15 Filed_____ 19 G. HAMPSON JONES, M. D.

Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 15, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto Pennard M. D.

(Coroner)

8/16 1926 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Cem.	Aug 17 1926
20 UNDERTAKER Zinkler & Zinkler	ADDRESS 1739 E. Eager

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13360

CERTIFICATE OF DEATH

1854 E 13360

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary. St. 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley J. Clark.

(a) RESIDENCE NO. 249 S. Highland Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Divorced.

5a If ~~MARRIED, WIDOWED~~ or divorced HUSBAND of ~~WIFE OF~~ Nellie Clark.

6 DATE OF BIRTH (month, day, and year) August 22, 1903.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Clark.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary L. Miller.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant Benjamin Rccleston. (step father

(Address) Eastern Ave Rd. Rossville.

15 Filed_____ 19_____ C. KAMPION JONES, M. D. Registrar

T 1926 For_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 16, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the cervical vertebrae. Neck.

Accidental fall down a stairway.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

8/16 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 249 E. Highland Ave. August 15° 1925

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetary — Date of Burial: Aug 18 1926

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager St.

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13361 E 13361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Woodlea Place ST. 27-D WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Henahan

(a) RESIDENCE NO. 8 Woodlea Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Henahan

DATE OF BIRTH (month, day, and year) Jan. 16-1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Anna Arundel Co Md

10 NAME OF FATHER Lemuel Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anna arundel Co. Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

Informant Mrs. Rebecca Keller

(Address) 8 Woodlea Place

Filed 7 1926, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Aug 16, 1926.

that I last saw h-e alive on " " , 19 ,

and that death occurred, on the date stated above, at 3a. m.

The CAUSE OF DEATH* was as follows: Cancer of Stomache

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Pogue, M. D.

, 19 (Address) Corner Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Aug 18 1926
20 UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13362

CERTIFICATE OF DEATH.

18 E 13362

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME LESLIE WINTERLING

(a) RESIDENCE No. 400 S Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 5- 1919

7 AGE: Years 7 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Paul Winterling

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Amelia Hundorman

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Paul Winterling

(Address) 400 S. Bouldin St

AUG 17 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926 to Aug 15, 1926 that I last saw him alive on Aug 15, 1926 and that death occurred, on the date stated above, at 5-45 p. m.

The CAUSE OF DEATH* was as follows:

Hemophilia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ——— Date of

Was there an autopsy?

What test confirmed diagnosis? Lumbar puncture

(Signed) [illegible] M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart. Cem. | DATE OF BURIAL: Aug. 18th 1926

UNDERTAKER: Lilly and Zirkin | ADDRESS: 403 N Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

PRITZKER

E 13363 HEALTH DEPARTMENT—CITY OF BALTIMORE

3 E 13363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ~~Home~~ ST. 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Pritzker

(a) RESIDENCE NO. 1607 N. Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Pritzker

6 DATE OF BIRTH (month, day, and year): Aug 24 1897

7 AGE: Years 29 Months 11 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architects

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Pritzker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther Lorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Ruth Pritzker 1607 N. Bentalou

15 Filed 8 7 1926 . 19 Per C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 30. 1926 to Aug 16. 1926.

that I last saw him alive on Aug 16. 1926

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

1 Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis and Postpneumonic Cavity

(duration) One yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/21/26 Removal of Kidney

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Max Harry Rosenfeld, M. D.

8/16 19 26 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rem

DATE OF BURIAL: 8/17 19 26

20 UNDERTAKER: Jack Lewis

ADDRESS: 1429 E Balt St

Spec.—6-9-19—H. P. Co.—1000 Blks.

Ralph L. Dyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13364 ✓ E 13364

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 or Number of Institution Jefferson St. WARD) 18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph L. Dyer

(a) RESIDENCE. NO. 2331 or Number of Institution Jefferson St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-10-26

7 AGE — Years: — Months: 5 mos. — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ralph L. Dyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Dyer (Address) 2331 Jefferson

15 Filed AUG 17 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 16, 1926, that I last saw him alive on Aug 15, 1926, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

" Intoxication

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Gastritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wesley J. M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 8/17 1926

D UNDERTAKER: J. F. McCarthy

ADDRESS: 1305 Fair

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13365

CERTIFICATE OF DEATH.

14 ✓

E 13365

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (WARD) 27-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Ruppel Lynch.

(a) RESIDENCE NO. 614 Hollins Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ James J. Lynch Jr.

DATE OF BIRTH (month, day, and year) Aug 20, 1892.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	11	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore, Md.
(State or country) U.S.A.

10 NAME OF FATHER G. Charles Ruppel

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md., U.S.A.

12 MAIDEN NAME OF MOTHER Carline Kuhn

13 BIRTHPLACE OF MOTHER (city or town) Darmstadt
(State or country) Germany

Informant A. E. Ruppel
(Address) 38 Rolland Ave.

Filed ....., 19 .... C. H. JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 15 1926.

17

I HEREBY CERTIFY, That I attended deceased from October 20, 1925 to Aug. 15, 1926.

that I last saw her alive on Aug. 15, 1926,

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Abruptio Placenta

(duration) ..... yrs. ..... mos ½ ds.

CONTRIBUTORY (Secondary) Uterine Hemorrhage

(duration) ..... yrs. ..... mos. ½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug. 15, 26

Was there an autopsy? No.

What test confirmed diagnosis? Inspection.

(Signed) Thomas R. Watkins, M. D.

, 19 (Address) 225 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cem. Videttsville	Aug 18 1926
20 UNDERTAKER	**ADDRESS**
Henry W Jenkins Sons Co	McCulloh & Orchard Sts

—1-12-23—M&T—500 Bks.

E 13366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~614 Holland~~ Bon Secours Hospital 1926 St., 16 WARD)

REGISTERED NO. 13366

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (girl) Lynch

(a) RESIDENCE NO. 614 Holland Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 15, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 2 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER James Patrick Lynch

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) M. D.

12 MAIDEN NAME OF MOTHER Henrietta Christine Ruppe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Bon Secour Hospital (Address) Records

Filed AUG 17 1926 19 C. HARPSON JONES, Registrar

By ... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926. to Aug 15, 1926.

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at Aug 15 m.

The CAUSE OF DEATH* was as follows:

Intrauterine asphyxia

about 10 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intrauterine asphyxia

(duration) yrs. mos. 10 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Cesarean Section

(Signed) Thomas L Gahan M. D.

, 19 (Address) 325 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cem Violetsville — DATE OF BURIAL Aug 18th 1926

20 UNDERTAKER Henry H Jenkins Sons Co — ADDRESS McCulloh & Eutaw

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13367

74 001 E 13367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp ST. 341 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bergen

(a) RESIDENCE NO. 145 E Riverside ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 4/14/1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	3	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER John Bergen

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Boyle

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Mrs Rose Cullen
(Address) 1420 Bronson St

Filed AUG 17 1926 HANSON JONES, M. D.
Registrar

Per GHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1926. to Aug. 15, 1926.

that I last saw her alive on Aug. 15, 1926,

and that death occurred, on the date stated above, at 3.40 p m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cerebral Haemorrhage?

(duration) yrs. 2 mos 29 ds.

CONTRIBUTORY (Secondary) Terminal broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eden V. Cruikshank, M. D.

8/15/26 (Address) 24 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 8/18/1926

20 UNDERTAKER J. J. Foley Sons — ADDRESS 1318 Light St

pec.—6-9-19—H. P. Co.—1000 Bks.

E 13368

HEALTH DEPARTMENT—CITY OF BALTIMORE

13368

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Patapsco ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Ella Walden

(a) RESIDENCE. NO. 1722 Patapsco ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John Walden

6 DATE OF BIRTH (month, day, and year): Nov 1884

7 AGE — Years: 37 | Months: 1 | Days: 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Fikars

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Fiska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: John C. Fikars

(Address): 1722 Patapsco St.

15 Filed 7 1926, 19 C. HAMPSON JONES, M.D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 1926

17

I HEREBY CERTIFY, That I attended deceased from ..., 19.., to Aug 7, 19 26, that I last saw h[illegible] alive on Aug ..., 19 26, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Uterine Cancer

(duration) 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 1924

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8 N. 19 2[illegible] (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 8/16 19[illegible]

20 UNDERTAKER: [illegible] Fleming — ADDRESS: 1102-1104 Battery Ave.

Spec.—1-10-21—M&T—1500 Blks.

E 13369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13369

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital ST. 687 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Brooks

(a) RESIDENCE NO. 941 W. LEXINGTON ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-25-1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 70

(b) General nature of industry, business, or establishment in which employed (or employer) HOUSEWORK

(c) Name of employer UNKNOWN

9 BIRTHPLACE (city or town) BALTIMORE, (State or country) MD.

PARENTS

10 NAME OF FATHER William S. Brooks

11 BIRTHPLACE OF FATHER (city or town) UNKNOWN (State or country)

12 MAIDEN NAME OF MOTHER Mar Johnson

13 BIRTHPLACE OF MOTHER (city or town) UNKNOWN (State or country)

14 Informant HOSPITAL RECORDS (Address)

15 Filed 7 1926 G. HAMPSON JONES M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 15 1926

17

I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to August 15th 1926.

that I last saw her alive on August 14th, 1926,

and that death occurred, on the date stated above, at 6 10 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tuberculosis

(duration) UNKNOWN mos. ds.

CONTRIBUTORY (Secondary) TUBERCULOUS PNEUMONIA

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? UNKNOWN

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? AUTOPSY

(Signed) W. E. Gatlens, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Aug 18 19 26

20 UNDERTAKER Katie A. Gallagher

ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

54 13376

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 13370

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPIT ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Mapson

(a) RESIDENCE NO. 422 Lawrence ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Feb. 1915

8 AGE: Years 11 | Months 6 | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) N. Car

PARENTS

10 NAME OF FATHER James —

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-C —

12 MAIDEN NAME OF MOTHER Mary Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N-C —

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

Filed 1926 C. MAMPSON JONES, M. D. Registrar

By RRH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1926, to Aug 13, 1926, that I last saw h alive on Aug 13, 1926, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia, Myocardial failure (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis?

(Signed) Thomas W. Corbusier Jr. M. D.

8-14-1926 (Address) Johns Hopkin Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn — DATE OF BURIAL Aug 17 1926

20 UNDERTAKER Jam W Cade Son — ADDRESS 408 N Mad

Spec.—1-10-21 M&T 1500 Bks.

13371 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13371

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible])

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Moseley

(a) RESIDENCE NO. 616 Gilbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]-63

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 74

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospitals Records (Address)

15 Filed [illegible] 1926 C. HAMPSON JONES, M. D. RPW -Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1926, to Aug. 13, 1926 that I last saw him alive on Aug. 13, 1926 and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - right arteriosclerosis + hypertension

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Lab.

(Signed) C. Hampson Boyd M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon

DATE OF BURIAL Aug 16 1926

20 UNDERTAKER Sam H Carr & Son

ADDRESS [illegible] Mad

Spec.—1-10-21—M&T—1500 Bks.

E 13372 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13372

CERTIFICATE OF DEATH. 36-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Palmer Ave. 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Marie Liest

(a) RESIDENCE NO. 5209 Palmer Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Adam Liest

7 DATE OF BIRTH (month, day, and year) Feb. 21 1854

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	24	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Ellerbrock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Tuyen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Marie Soper

(Address) 5209 Palmer Ave

15 FILED 7 1926, 19 C. HAMPSON JONES, M. D. Registrar RMH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to August 15, 1926, that I last saw h alive on August 15, 1926, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis adenitis

(General septicaemia)

about (duration) 1 yrs ~ mos ~ ds.

CONTRIBUTORY (Secondary) Cerebral haemorrhage

(duration) ~ yrs. ~ mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of June 1. 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Milton P. Hall M. D.

, 19 (Address) Hylic on + Riedinstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Aug 18 1926

20 UNDERTAKER Joseph Sulpe

ADDRESS Wash Ave

pec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13373

CERTIFICATE OF DEATH.

90 13373

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2227 E. Oliver ST.: 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha A. Charles

(a) RESIDENCE. No. 2227 E. Oliver ST., 8 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Benjamin Charles

6 DATE OF BIRTH (month, day, and year): Nov. 22-1837

7 AGE: Years 88; Months 8; Days 24; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Hereford Balto. Co., Md

PARENTS

10 NAME OF FATHER: Thomas Hale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hereford Balto. Co., Md.

12 MAIDEN NAME OF MOTHER: Rhoda? Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md. & Va.

14 Informant: Mrs. Mattie Fick

(Address) 2227 E. Oliver st.

15 Filed 7 1926, 19 Registrar

C. HAMPSON JONES, M. D.

P.M. R.K.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 16 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3 - 1926, to Aug. 16 - 1926, that I last saw her alive on August 16 - 1926, and that death occurred, on the date stated above, at 10 06 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Mitral heart disease (duration) Uncertain yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

8/17/1926 Address 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 20 1926

20 UNDERTAKER: Joseph Leyfer — ADDRESS: 1600 VII North Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13374

CERTIFICATE OF DEATH.

46E 13374

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Roseland Place Ward 46)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice E. Morrow

(a) RESIDENCE NO. 3009 Roseland Place WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William Morrow

7 DATE OF BIRTH (month, day, and year) Oct. 15 - 1855

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70 71.	10.	— 1	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Adam Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Anna Quilty (Address) 3009 Roseland Place

15 Filed Aug 18 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Aug 16, 1926.

that I last saw her alive on Aug 14, 1926.

and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

Cancer (Metastatic)
Originally Vaginal -
Hysterectomy 14 yrs ago -

(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Bed Sores.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? 14 yrs ago - Radium Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Vaginal lesion

(Signed) [illegible] M. D.

, 19 (Address) 9123 St North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Aug 18 1926

20 UNDERTAKER Joseph Lefler — ADDRESS 1600 N Gate

Spec.—1-19-21 M&T 1500 Blks.

Wd 1174

HEALTH DEPARTMENT—CITY OF BALTIMORE

13375

61-001 E 13375

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. 5-W WARD)

BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harris

(a) RESIDENCE No. 1221 Mc Elderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant City Hospital Records (Address)

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar Per A.E.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1926, to Aug. 15, 1926 that I last saw him alive on Aug. 15, 1926 and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary - chronic

Hemorrhagic pachymeningitis

Thrombosis of cerebral arteries

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? General - Lab.

(Signed) C. Holmes Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL Aug. 18 1926

20 UNDERTAKER Chris. F. Johnson ADDRESS 416 N. Carrollne St.

No 2053-1

Spec.—1-10-21—M&T—1500 Bks.

Gaubatz

HEALTH DEPARTMENT—CITY OF BALTIMORE

13376 89 E 13376

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 346 N. Oliver Ave. (WARD) 20-2

2-FULL NAME Wilhelmina Susanna Gaubatz

(a) RESIDENCE NO. 346 N. Oliver Ave. ST.... WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Gaubatz

6b DATE OF BIRTH (month, day, and year): April 20 1849

7 AGE: Years 77 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Isebel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: G. Gaubatz
(Address) 346 N. Oliver Ave

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1926, to Aug 15, 1926, that I last saw h[illegible] alive on Aug 15, 1926, and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis
Cum-hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Angina pectoris

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

, 19 (Address) 3[illegible] Woodbourne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 17 26

20 UNDERTAKER: L. W. Dill

ADDRESS: 3109 Frederick Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 13377 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13377

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Penrose Ave ST. 70-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myra Shotten Tucker

(a) RESIDENCE NO. 2015 Penrose Ave ST., ... WARD Resident

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? 51 yrs. 11 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ABOUT.

6 DATE OF BIRTH (month, day, and year) Sept. 15-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Robert S. Tucker

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Marcelle Armacost

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Charles Arthur Tucker (Brother)

(Address) 2015 Penrose Ave. City

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per prd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 16, 1926.

that I last saw her alive on Aug 15, 1926,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest H Kahn M. D.

8/16 1926 (Address) 3005 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Aug. 19 19

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 198 W. NORTH AVE.

c.—1-12-23—M&T—500 Bks.

13378

HEALTH DEPARTMENT—CITY OF BALTIMORE

13378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ITY OF BALTIMORE. (No. 1600 N. Innisfield ave & St. WARD)

2-FULL NAME Blanche Estelle Hyman

(a) RESIDENCE No. 1600 N. Innisfield Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Hyman

DATE OF BIRTH (month, day, and year) Sept. 17, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
47.		10	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Geo. W. Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah E. Kelso

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm. H. Hyman

(Address) 1600 N. Innisfield Ave

15 Filed, 19

Per

Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Aug. 15, 1926.

that I last saw h.. alive on Aug. 15, 1926

and that death occurred, on the date stated above, at 9.10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gall bladder disease

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes no Date of July 1, 26

Was there an autopsy?

What test confirmed diagnosis? Microscope

(Signed) E. Fee Magruder, M. D.

8/16, 1926 (Address) 1006 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 8/18 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13379

E 13379

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 510 N. Chapple St., 7-2 Ward)

2-FULL NAME James W. Rezek

(a) RESIDENCE NO. 510 N. Chapel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 45 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~: Annie Rezek

6 DATE OF BIRTH (month, day, and year): Aug 13/76

7 AGE: Years 50 | Months — | Days 2 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): Collector

(c) Name of employer: Mutual Life Ins

9 BIRTHPLACE (city or town): _____

(State or country): New York

PARENTS

10 NAME OF FATHER: Venzel Rezek

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Annie

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Bohemia

14 Informant: Annie Rezek

(Address): 510 N. Chapel St

15 Filed Aug 17 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15/26

17 I HEREBY CERTIFY, That I attended deceased from Aug 12 26, to Aug 15 26

that I last saw him alive on Aug 15, 26 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder (Cancer)

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Wm. J. Rosenau, M. D.

Aug 16 26 (Address) 506 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem Date of Burial 8/18 1926

20 UNDERTAKER: Philip Henry ADDRESS 2016 Orleans St

Spec.—12-9-25.—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13380

CERTIFICATE OF DEATH.

44 E 13380

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 Sifflen Ave. 27-11 Ward)

2-FULL NAME Annie M. Haffman.

(a) RESIDENCE NO. 508 Sifflen Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? Life yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Henry C. Haffman

6 DATE OF BIRTH (month, day, and year): Aug 6, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): _____

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: H. Alberts.

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany.

14 Informant: Edw. H. Haffman

(Address): 508 Sifflen Ave.

15 Filed: 7 1926 Registrar: C. HAMPSON JONES, M. D.

Per C.H.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 14, 1926, that I last saw h.. alive on Aug 14, 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary): Anaemia of Stomach

(duration) ____ yrs. 6 mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas F. Hunter M. D.

, 19 (Address) 451-6 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial Aug. 17 1926

20 UNDERTAKER: Geo. J. Ruth ADDRESS: 1735 Harford ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13381 13381

CERTIFICATE OF DEATH.

113

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 129 N Wolfe ST. 6-2 WARD)

2-FULL NAME Madeline M. Farr

(a) RESIDENCE NO. 129 N Wolfe ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, ~~Married, Widowed, or Divorced~~, (write the word) Baby

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 '26

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William R Farr

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Ethel M. Otto

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant William R. Farr
(Address) 129 N. Wolfe St

15 C. HAMPSON JONES, M. D.
1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/14 1926, to 8/17 1926, that I last saw her alive on 8-17 1926, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Ileo Colitis

(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Gross signs

(Signed) Donald Frear, M. D.

, 19 (Address) 1100 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Aug 19 1926
20 UNDERTAKER	ADDRESS
Jas E Miller & Son	2337 Jeffries

Spec.—1-10-21—M&T—1500 Bks.

E 13382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13382

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1927 W. Lombard ST. 21-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Christina Chenoweth

(a) RESIDENCE NO. 1927 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Chenoweth

6 DATE OF BIRTH (month, day, and year): Mar 4th, 1896

7 AGE: Years 30 | Months 5 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Herald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 16th, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 11, 1926, to Aug 16, 1926, that I last saw her alive on Aug 16, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Puerperal Septicaemia

(duration) yrs. mos 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Test

(Signed) Louis J. Graves M. D.

19 (Address) 1500 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): William A. Chenoweth 1927 W. Lombard St

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 19th, 26

20 UNDERTAKER: Bertram Gore

ADDRESS: 1723 N. Lafayette Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13383

CERTIFICATE OF DEATH.

154-002 E 13383

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 W. West 21-3 Ward)

2-FULL NAME John E. Hess Jr

(a) RESIDENCE NO. 605 W. West St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	white	

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16 1926

7 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulnr kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER John E. Hess Jr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Thelma Rebstock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore md

14 Informant John E. Hess Jr

(Address) 605 W. West St

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Aug 16, 1926,

that I last saw him alive on Aug 16, 1926,

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [signature], M. D.

Aug 17, 1926 (Address) 3755 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Olivet Cem Aug 18 1926

20 UNDERTAKER — ADDRESS

Jos Sourdens Son 217 S. Paca

Cor.—12-9-25—A Co.—200 Bks.

Col

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13384

100-001

E 13384

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2109 Oak. St. 17-5 Ward)

2-FULL NAME Joel Coey

(a) RESIDENCE NO. 2109 Oak St. Ward 21

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annetta Coey

6 DATE OF BIRTH (month, day, and year) 9/10/77

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
53		7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Solderer

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Products

(c) Name of employer Eastern Rolling Mill Co

9 BIRTHPLACE (city or town).....

(State or country) Eastern Md

PARENTS

10 NAME OF FATHER John Coey

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Md

12 MAIDEN NAME OF MOTHER Debra Baker

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant Annetta Coey

(Address) 2109 Oak St

15 Filed.....

1926

C. JAMESON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the date stated above.

THE CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carcinosis of the Kidneys

(duration) ... yrs. ... mos. ... ds.

(Signed) J. Thos. Mosser M. D.

(Coroner)

8/16 1926 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cem.	Aug 18 1926
20 UNDERTAKER	**ADDRESS**
Harry W. Ehlen	1944 W. North ave

Spec.—1-10-21—M&T—1500 Bks.

E 13385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13385

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. WARD 23-2)

2-FULL NAME Raymond Lellman

(a) RESIDENCE NO. 1550 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE: Years 28; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country) Maryland.

PARENTS

10 NAME OF FATHER R. W. Lellman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Laura Lellman (Address) 1550 Hanover St

15 7 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17 1926.

17 I HEREBY CERTIFY, That I attended deceased from 8/4, 1926, to 8/17, 1926.

that I last saw h/M alive on 8/17, 1926,

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) J. E. Gaither, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Co.

DATE OF BURIAL: Aug 20 1926.

20 UNDERTAKER: J. Frew McCully

ADDRESS: 1848 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

E 13386

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 E 13386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wood.

(a) RESIDENCE NO. 1635 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 19 26

7 AGE: Years 4 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Mary Gloag

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Wm Wood

(Address) 1635 Jackson St

15 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926 to Aug 16, 1926

that I last saw him alive on Aug 16, 1926

and that death occurred, on the date stated above, at 11.39 P. m.

The CAUSE OF DEATH* was as follows:

Cervical adenitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) General Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical + autopsy

(Signed) Mary Crawford, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elder Hill

DATE OF BURIAL: Aug 18 1926.

20 UNDERTAKER: J Fem McCully

ADDRESS: 148 E Monument

13387 HEALTH DEPARTMENT—CITY OF BALTIMORE 13387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 15-9 Ward) Registered No. C. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Belt

(Residence in Baltimore: No. 1808 Braddish Avenue St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Divorced

6-DATE OF BIRTH: August (Month) 15 (Day) 1878 (Year)

7-AGE: 48 yrs. 0 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: John Belt

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore Co., Md.

12-MAIDEN NAME OF MOTHER: Novella Carter

13-BIRTHPLACE OF MOTHER, (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Blanche Flickinger

(Address) 1808 Braddish Avenue

15-

Filed 7 1926 19 C. HAMPSON JONES, M. D. Registrar.

Per [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17, (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] M. D. (Coroner)

Aug. 17 1926 (Address) 332 S. Patterson Pk. Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Aug. 19, 1926

20-UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13388 E 13388

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4417 Harford Road 27-12 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham H. Gump

(a) RESIDENCE No. 4417 Harford Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Reilly Shoe Polish Co.

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Berlin Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14
Informant Mrs. Mary A. Warner
(Address) 4417 Harford Road

15
Filed 7 1926 G. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15th 1926

17
I HEREBY CERTIFY, That I attended deceased from Aug 15th 1926 to Aug 15th 1926.
that I last saw him alive on Aug 15th 1926,
and that death occurred, on the date stated above, at 10.20 P. m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

8th 1926 (Address) 421 S Howard Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
London Park

DATE OF BURIAL
Aug. 19 19 26

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W Balto St.

oc.—1-12-23—M&T—500 Bks.

E 13389

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 13389

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 S. Monroe ST. 20-5 WARD)

2-FULL NAME William Phillip Yager

(a) RESIDENCE NO. 330 S. Monroe ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of
~~(or)~~ WIFE of Emma E. Yager

DATE OF BIRTH (month, day, and year) June 30. 1876

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50	1	17 18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Williams Williams Co

BIRTHPLACE (city or town) Bucks City Ind
(State or country)

PARENTS

10 NAME OF FATHER George Yager

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Augusta Niemeyer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) South Carolina

14 Informant Mrs Emma E Yager.
(Address) 330 S. Monroe

15 Filed ..... 19 .....
Per .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 17, 1926

that I last saw h[illegible] alive on Aug 17, 1926

and that death occurred, on the date stated above, at 2-30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Reuzi D. DeStefano, M. D.

Aug 17/26 (Address) 407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug 20 1926
20 UNDERTAKER	ADDRESS
Jos. B Cook	1006 W Baltimore

Spec.—12-9-25—A Co.—200 Bks.

E 13390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 13390

1-PLACE OF DEATH 2706 Jefferson

City of BALTIMORE: (No. _____ St., 7-3 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Smith

(a) RESIDENCE NO. 2706 Jefferson St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 8-17-26

7 AGE — Years: — Months: — Days: — IF LESS than 1 day ½ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Nora Davis

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Charles Smith
(Address): 2706 Jefferson St

15 Filed 8-17 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-17-26

17 I HEREBY CERTIFY, That I attended deceased from 8-17 1926, to 8-17 1926, that I last saw h[illegible] alive on 8-17 1926, and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows: Pneumonia Both (2 mos)

(Duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Stillborn Premature

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No. Date of ____

Was there an autopsy? No.

What test confirmed diagnosis? Finding

(Signed) J. Fred Rumpf M.D. (Address) 1000 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cem — Date of Burial: 8/18 1926

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 N. Bond

Spec.—1-10-21—M&T—1500 Bks.

1946 54 13391 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 13391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (JOHNS HOPKINS HOSPITAL ST. 11-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Whyte

(a) RESIDENCE NO. 1232 Lindevgre ~~S Calvert St~~ ST., Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (dead)

6 DATE OF BIRTH (month, day, and year) March 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ND

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

PARENTS

10 NAME OF FATHER Harry Whyte

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Estelle Davenport

13 BIRTHPLACE OF MOTHER (city or town) Phila Pa
(State or country) —

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 18 1926 H. HAMPSON JONES, M. D. Registrar

By Lyle

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 14, 1926, that I last saw him alive on Aug 14, 1926, and that death occurred, on the date stated above, at 1:35 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical Sections

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Aug 18 26

20 UNDERTAKER Edw Levy & Son — ADDRESS 502 E Monument Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13392

CERTIFICATE OF DEATH.

REGISTERED NO. 74-98

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Wilson

(a) RESIDENCE No. 517 Greenwillow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospital Records (Address)

15 Filed AUG 18 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1926, to Aug 15, 1926

that I last saw her alive on Aug. 10, 1926

and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - left

arteriosclerosis

hypertension

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Lab.

(Signed) C. Wilson Boyd, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Aug 18 26

UNDERTAKER Samuel H. Hensley ADDRESS 578 N. Eddle

Cor.—12-9-25—A Co.—200 Bks. Richard Kessler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13393

CERTIFICATE OF DEATH.

196 E 13393

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Masonic 1st St. 13th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Kessler

(a) RESIDENCE NO. 854 W 37 St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced . HUSBAND of (or) WIFE of Elsie Kessler

6 DATE OF BIRTH (month, day, and year) May 21 - 95

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Gas & Electric

(c) Name of employer Bolt

9 BIRTHPLACE (city or town) NY

(State or country)

PARENTS

10 NAME OF FATHER John Kessler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) NY

12 MAIDEN NAME OF MOTHER Anna Berger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) NY

14 Informant John Kessler

(Address) 634 N Grace St.

Filed AUG 8 1926 19 C. HAMILTON JONES, Dr.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns

2 - 3 d degree (Extensive) while at work

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock yes

(duration) yrs. mos. ds.

(Signed) Samuel Shaku M. D.

(Coroner)

, 1926 (Address) 332 S Pat. Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Aug 19, 1926

20 UNDERTAKER Chenowetho Son ADDRESS 3615 Chestnut

E 13394 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13394

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1209 Poplar Grove St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Woods, Sr.

(Residence in Baltimore: No. 1209 Poplar Grove St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. February 5, 1865
(Month) (Day) (Year)

7-AGE. 61 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Door man
(b) General nature of industry, business, or establishment in which employed (or employer): Auditorium Theatre

9-BIRTHPLACE, (State or Country) Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Mr. Woods

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Amelia Sherman

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Woods, Jr.

(Address) 1209 Poplar Grove Street.

15- Filed AUG 18 1926 19.. C. HAMILTON JONES Registrar.
Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 15 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. T. Hennessy M. D.
(Coroner.)

Aug. 16 1926 (Address) 2802 Edmondson Ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery DATE OF BURIAL, Aug. 18 1926

20-UNDERTAKER, Lloyd B. Cook ADDRESS 1003 N. Gilmor St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Poulton
6909 Garrison Blvd

CERTIFICATE OF DEATH.

E 13395
1-PLACE OF DEATH

E 13395
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1021 Brantly St., 16th Ward)

2-FULL NAME Anna M. Plummer

(a) RESIDENCE NO. 1021 Brantly St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Sidney Plummer

6 DATE OF BIRTH (month, day, and year): Sept 8, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Ira Armstrong

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Angie Dean

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Maryland

14 Informant: J. Sidney Plummer
(Address): 1021 Brantly Ave

15 Filed ..... 19.....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
August 17th 1926

17
I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1926, to Aug 17th, 1926, that I last saw h.. alive on Aug 16th, 1926, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis & Myocarditis
(duration) yrs. mos. 10 ds.

CONTRIBUTORY Exhaustion
(Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J E Poulton, M. D.
8/18, 1926 (Address) 5909 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Aug 20 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E Nor[illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 13396

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-681

E 13396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 95-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary George.

(a) RESIDENCE NO. Kirby's Park Hanover St. Bridge. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 15, 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Tampa, Florida.

PARENTS

10 NAME OF FATHER Sperio George.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) San Francisco, Cal.

12 MAIDEN NAME OF MOTHER Rosie Uniwawich.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Oklahoma.

14 Informant Sperio George. (father)

(Address) Kirby's Park. Hanover St. bridge.

Filed AUG 18 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17, 1926. 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

8/18 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Kirby's Park Hanover St. Bridge.

Former or usual residence August 17, 1926

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A&Co Date of Burial Aug 18 1926

20 UNDERTAKER John F. Leary ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

E 13397 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13397

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 27-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Fowler Nooney.

(a) RESIDENCE NO. 129 E. Virginia Ave. St. 27 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 27 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White,	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20, 1918.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Austin D. Nooney.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Rauh.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Austin D. Nooney. (father)

(Address) 129 E. Virginia Ave.

Filed 19 C. HAMPSON JONES, M. D. Registrar

G 18 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto Reinhardt M. D. (Coroner)

8/18 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death? 129 E. Virginia Ave. August 16, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial aug 19 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 4033 Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13398 — 145-001 — E 13398

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 19-2 WARD)

2-FULL NAME Mrs. Mary E Coleman

(a) RESIDENCE No. 1323 W. Hollins ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Coleman

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: 21 — Months: — — Days: — — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): City of Balt.

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Robert Coleman
(Address): 1323 W. Hollins St

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-14, 1926, to 8-16, 1926,

that I last saw h[illegible] alive on 8-16, 19....;

and that death occurred, on the date stated above, at 5-26 p m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Stomach and duodenum

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) uterus (duration) ..... yrs. ..... mos. 1 da.

Operation for ruptured

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 8/15/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Atherton Hunter, M. D.

8/16, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 8-19 1926

20 UNDERTAKER: Robert Brookerson — ADDRESS: Baltimore Hollins

Spec.—1-10-21—M&T—1500 Blks.

E 13399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13399

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Benney,

(a) RESIDENCE NO. 2756 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Benney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A. Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary A. Carlos

(Address) 2756 Harlem ave.

15 Filed AUG 18 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1926, to Aug 17, 1926,

that I last saw him alive on Aug 17, 1926,

and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arterio Sclerosis

Hypertrophied Prostate

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-17-26 7-21-26

Was there an autopsy? No

What test confirmed diagnosis? Amid of Lab.

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 8/19 1926

20 UNDERTAKER J. Sanderlin

ADDRESS 131 E Light St.

Spec.—12-9-25—A Co.—200 Bks.

E 13400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13400

31

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 53 S. Monroe St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos J. Ward

(a) RESIDENCE NO. 53 S Monroe St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Ward

6 DATE OF BIRTH (month, day, and year) June 5th 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36.	2.	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) at Cafe

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thos Ward

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cath. Flately

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto Md

14 Informant Mrs Catherine Ward,

(Address) 53 S Monroe St.

15 Filed AUG 16 1926 HAMPSON JONES M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1926 to Aug 17 1926

that I last saw h... alive on Aug 16 1926,

and that death occurred, on the date stated above at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ...yrs. 6 mos. 1 ds.

CONTRIBUTORY Pulmonary Edema

(Secondary)

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted —

If not at place of death? _____

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical — Exp

(Signed) James A Kemp, M. D.

8/18/26 (Address) 1729 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Aug 20th 1926

20 UNDERTAKER John F. Lowe & Son ADDRESS 901 W. Lafayette Ave

(Wise)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13401
PLACE OF DEATH

CERTIFICATE OF DEATH

4-E 13401
REGISTERED No. C

CITY OF BALTIMORE (No. 1813 E. 29th St ST. 9-3 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Robert Wise

(Residence in Baltimore: No. 1813 E. 29th St St.: 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Apr (Month) 10 (Day), 1855 (Year)

7 AGE: 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Louis Wise
11 BIRTHPLACE OF FATHER (State or country): Maryland
12 MAIDEN NAME OF MOTHER: ~~Catherine~~ Suzana Abel
13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Catherine Sulgrist
(Address) Ellicott City Md.

15 C. H. THOMPSON JONES, M.D.
Filed AUG 18 1926 By CHG REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 17 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12th, 1926 to Aug 17th 1926
that I saw h~~im~~alive on Aug 17th 1926
and that death occurred, on the date stated above, at 9-10 p m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach -

(Duration) yrs. mos. ds

Contributory (SECONDARY) ~~Senility~~

(Duration) yrs. mos. ds.

(Signed) Wm P Byerly M. D.
Aug 17th 1926 (Address) 3948 West Northern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery
DATE OF BURIAL: Aug 20 1926

20 UNDERTAKER: Robt I Turner
ADDRESS: 3442 E. Broadway

If very important, see instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 13402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13402

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Johnson

(a) RESIDENCE NO. 1720 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ed Johnson

6 DATE OF BIRTH (month, day, and year) ? 1887.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospitals Records (Address)

15 Filed AUG 18 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to Aug. 16, 1926

that I last saw her alive on Aug 16, 1926

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

myocarditis - chronic

myocardial insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general appearance.

(Signed) C. Holmes Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Ga

DATE OF BURIAL Aug 18/1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 13403 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-6-01 13403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Henrietta Prebush

(a) RESIDENCE NO. 4363 Deerhill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Jewish	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Philip Prebush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rachael Strouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Deceased (Address)

15 Filed 8-18 1926 C. HAMPSON JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1926. to Aug 18 1926.

that I last saw her alive on Aug 18 1926,

and that death occurred, on the date stated above, at 4 55 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis, Gastric Ulcer with Adhesions

(duration) 5? yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Aug 12

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Jones M.D.

1926 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 8/20 1926

20 UNDERTAKER J. Ahrens Co

ADDRESS 3314 Reisterstown Rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13404

CERTIFICATE OF DEATH.

E 13404

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp ST. 9-5 WARD)

2-FULL NAME Mrs. Hannah Baker.

(a) RESIDENCE NO. 2231 Aiken St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	N.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Baker

6 DATE OF BIRTH (month, day, and year) May 15

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER John Boom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan

12 MAIDEN NAME OF MOTHER Dickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

14 Informant Mrs. Dempsey (Address) 2231 Aiken St.

15 Filed C. HAMILTON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-10, 1926, to 8-17, 1926, that I last saw her alive on 8-17, 1926, and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/11-5/18-26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) J. Theron Hopkins, M. D.

8/17 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond. Va. DATE OF BURIAL aug. 19 1926

20 UNDERTAKER George L. Pratt ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13405 E 13405

CERTIFICATE OF DEATH.

154-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2134 Pennsylvania Ave ST. 70-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Spencer Zoeller

(a) RESIDENCE NO. 2134 Pennsylvania Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day 14 hrs. or 30 min.
[illegible]			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Frank V. Zoeller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary V. Bush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Frank V. Zoeller

(Address) 2134 Pennsylvania Ave

15 Filed AUG 18 1926 C. HAMPSON JONES, M. Registrar

Per EKG.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17 1926

17

I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...,

that I last saw h alive on ——, 19...,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Patient Foreman Arabic,

—

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. Kelly Kemmey M. D.

8/18, 1926 (Address) 7000 Holland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mosher Cemetery	Aug 18, 1926
20 UNDERTAKER	ADDRESS
F. B. Wippert	1850 N. Bucknell

Spec.—1-10-21—M&T—1500 Bks.

13406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13406

CERTIFICATE OF DEATH. 194

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (a) No. 213 W Madison St. 11-2 WARD)

2-FULL NAME Robert Louis Waybright

(a) RESIDENCE No. 213 W. Madison St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Grace Waybright

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Carroll Co
(State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Waybright

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ann Rhodes

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Mary G. Waybright
(Address) 213 W. Madison St.

15 Filed AUG 18 1926 C. HAMPSON JONES, M.D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15th, 19 26, to Aug 17th, 19 26,
that I last saw h... alive on Aug 17th, 19 26,
and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Myocardial failure (acute)
Few hours duration.

(duration) ~ yrs. ~ mos ~ ds.

CONTRIBUTORY (Secondary) Heat prostration,

(duration) ~ yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? Probably long standing ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) L. Johns Street, M. D.

, 19 (Address) 712 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Aug 20 1926
20 UNDERTAKER	ADDRESS
Wm. Fickner Sons.	North Ave

Spec.—1-10-21 M&T 1500 Bks.

E 13407

HEALTH DEPARTMENT—CITY OF BALTIMORE

004

36

E 13407

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 611 W. 40th St. WARD 13-4)

2-FULL NAME John C. Hendricks

(a) RESIDENCE NO. 611 W. 40th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Pauline Hendricks

6 DATE OF BIRTH (month, day, and year) Sept 13 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mgr Boulevard Theatre

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl F. Hendricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Bletzke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Hendricks (Address) 611 W. 40th St.

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug 16, 1926, that I last saw h alive on Aug 16, 1926, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Glomerulonephritis Bladder Trouble (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of Aug 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

(Address) 612 W 40th St. Aug 16 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL 8/19 1926

20 UNDERTAKER H. J. Lahey & Bros ADDRESS 918 Light St

Spec.—1-1-31—M&T—1500 Bks.

1926 4486

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 13408 ✓ 101 801 E 13409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 20-3 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Duerr

(a) RESIDENCE No. 2647 Loretta Ave St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9.	9 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 600

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Duerr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catherine Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Records — (Address) Johns Hopkins Hosp

15 Filed AUG 8 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926 to Aug. 17, 1926

that I last saw h e alive on Aug. 17, 1926

and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Empyema & Meningitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 13

Was there an autopsy? Yes Diagnosis Empyema

What test confirmed diagnosis? Autopsy

(Signed) Dudley C Ashton M. D.

Aug 17, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Aug 19 1926

20 UNDERTAKER H M Routson

ADDRESS 223 E Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13409

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 2-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Delvin

(a) RESIDENCE NO. 1927 Portugal. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1905 5-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Delvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rose Gorecki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore-

14 Informant Wm. Delvin
(Address) 1927 Portugal.

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar
Per M.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1926, to Aug 17, 1926, that I last saw him alive on Aug 17, 1926 and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Entero- Colitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? none

What test confirmed diagnosis? clinical

(Signed) Jos. M. Fehling, M. D.

8/17/26 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Aug 19-26
20 UNDERTAKER	ADDRESS
J. A. Ozazewski	1930 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 13410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13410

CERTIFICATE OF DEATH.

36-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chauncey Fleming

(a) RESIDENCE NO. 418 Wilson Terrace ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (Write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20/1920

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
6	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Woodrow Jassaway

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER Irene Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): grandfather 418 Wilson Terrace

15 Filed AUG 18 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per ARA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 18, 1926

that I last saw him alive on Aug 18, 1926

and that death occurred, on the date stated above, at 5:45 A m.

The CAUSE OF DEATH* was as follows:

Meningitis (streptococcic)

(duration) — yrs. — mos 9 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal puncture

(Signed) [illegible], M. D.

8/18/26 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill

DATE OF BURIAL: Aug 19 1926

20 UNDERTAKER: Harry W. Grace & Son

ADDRESS: 146 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

13411 HEALTH DEPARTMENT—CITY OF BALTIMORE 13411

CERTIFICATE OF DEATH.

REGISTERED NO. C 19[illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Mosher St.: 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucrinda Cole

(Residence in Baltimore: No. 1711 Mosher St.: 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 1 (Day), 1864 (Year)

7-AGE, 62 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(h) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Cole

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lucrinda Cole

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Cole

(Address) 1711 Mosher

15-

Filed [illegible] 8 1926 C. HAMPSON JONES, M. D. Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1926, to Aug 16th, 1926, that I saw her alive on Aug 16th, 1926, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) age

(Duration) yrs. 6 mos. ds.

(Signed) W. Hamilton M. D.

Aug 17, 1926 (Address) 34 [illegible] Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 24 1926

20-UNDERTAKER Wm H Carpenter Son — ADDRESS 1108 Mosher

E 13412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE. (No. Franklin Sq Hosp Ward)

Registered No. C 188-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David S. Evans

(Residence in Baltimore: No. 318 E. 1st Ave Roselle, N.J. St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Dec (Month) 12 (Day) 1870 (Year)

7-AGE: 53 yrs 8 mos 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Janitor (b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Ga.

PARENTS.

10-NAME OF FATHER: Robt. Evans

11-BIRTHPLACE OF FATHER, (State or Country): Ga

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie G. Evans

(Address) 318 E. 1st Ave Roselle, N.J.

15- Filed Aug 18 1926 C. HAMPSON JONES, M.D. Registrar. Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug (Day) 17 (Year) 1926

17- I HEREBY CERTIFY, That I took charge of remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: Internal Hemorrhage Caused by Punctured R. Lung Fractured R. Side (Duration) 2 hrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Auto Skidded & turned over (Duration) yrs. mos. ds.

(Signed) Thos. D. Norton M. D. (Coroner.)

Aug 18 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Elizabeth N.J. DATE OF BURIAL: Aug 19 1926

20-UNDERTAKER: Wm H Cuse & Son ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

9-693
E 13413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-8 E 13413 Dec

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Richardson

(a) RESIDENCE NO. Wst-Wash-Falls Rd., WARD Md — Bare Hills
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Mar. 22-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Louis Smith

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Helen Richardson

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSP.

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926 to Aug 18, 1926.
that I last saw h alive on Aug 18, 1926.
and that death occurred, on the date stated above, at 8 50 a.m.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dudley Ashton, M. D.

Aug 18 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Md.

DATE OF BURIAL 8/20/1926

UNDERTAKER Mrs. Geo. H. Rolland

ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13414 HEALTH DEPARTMENT—CITY OF BALTIMORE 1-09 E 13414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No.) Caroline & Oliver (St.) 81 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Heimbach (Heizbruch)

(a) RESIDENCE NO. Herring Run 4098 Belair Road. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 3rd 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist & Chauffeur. Yard Hand.

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Balto. Co. Highways Dept.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Heimbach

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Lula Clayton

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country) Maryland.

14 Informant Charles Heimbach

(Address) 4098 Belair Road

15 Filed Aug 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1926, to Aug 17 1926, that I last saw him alive on Aug. 17 1926 and that death occurred, on the date stated above, at 7:45a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? clinical

(Signed) H. L. McAnally, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pork M. E. Cemetery — DATE OF BURIAL Aug 20 1926

20 UNDERTAKER Frederick Lassahn — ADDRESS Fullerton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13415 22 E 13415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital, St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian Washington.

(a) RESIDENCE NO. 2266 Woodberry Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) July 14, 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Julian Washington.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Evelyn Reed.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Evelyn Washington. (mother)
(Address) 2266 Woodberry Ave.

15 Filed_____ C. HAMPSON JONES, M. D.
Registrar

8 1926 Per_____

very important. See instructions on back of certificate

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poliomyelitis.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

8/18 19 26 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial Aug 19 1926

20 UNDERTAKER John D. Mitchell ADDRESS 1301 W Fayette St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13416

101-001

E 13416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Wiggins

(a) RESIDENCE NO. 535 N. Gilmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1924

7 AGE — Years: 1 — Months: 20 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Benj. Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cogsell N.C.

12 MAIDEN NAME OF MOTHER Ethel Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alaska N.C.

14 Informant West Baltimore General Hospital (Address)

15 Filed AUG 19 1926 C. HARRISON JONES, M. D. Registrar

Per Gilke

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Aug 18, 1926, that I last saw him alive on Aug 18, 1926, and that death occurred, on the date stated above, at 3:05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Lab.

(Signed) Bruce L. Jenness M. D.

8/18, 1926 (Address) West Baltimore Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lebanon Cem. DATE OF BURIAL 8-20 1926

20 UNDERTAKER Joseph G Lively ADDRESS 409 N Mont

Spec.—1-12-23—M&T—500 Bks.

E 13417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

145 E 13417

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

2-FULL NAME Lottie Parran

(a) RESIDENCE NO. 823 Archer ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 16 1896

7 AGE: Years 30 | Months | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Charles Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Clara Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D. C.

14 Informant University Hospital (Address)

15 Filed AUG 19 1926 C. HAMPSON JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/2, 1926, to 8/17, 1926

that I last saw her alive on 8/17, 1926

and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction following Caesarian Section

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Caesarian Section 8/2/26 for (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/17/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R.S. Aitchison, M.D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C

DATE OF BURIAL: 8-19 1926

20 UNDERTAKER: Joseph A Lively

ADDRESS: 409 N Mount

Spec.—1-10-21—M&T—1500 Bks.

E 13418

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 13418

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 N. Calvert ST. 17-3 WARD)

2-FULL NAME Charles Kennedy Jenkins

(a) RESIDENCE No. 2522 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Carman

6 DATE OF BIRTH (month, day, and year) May 11, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Martin Gillet

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: William K. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Anna C. Claggett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Mrs. Mary E. Jenkins

(Address): 2522 N. Calvert Street

15 Filed 19 1926. 19 C. HARRISON JONES, M. Registrar

Per GKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926, to Aug 17, 1926, that I last saw h alive on Aug 17, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

1 Angina Pectoris (duration) 10 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Post Physical

(Signed) J. Wallace Thomas, M. D.

Aug 18, 1926 (Address) 1728 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 8/19 1926

UNDERTAKER: Henry W Mears & Son

ADDRESS: 804 N. Calvert St.

Spec.—12-9-25—A Co.—200 Bks.

E 13419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13419

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 3-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Muffett

(a) RESIDENCE NO. 505 S. Eden St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER John Muffett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER Sarah Kip

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant City Hospitals Records

(Address)

Filed AUG 19 1926 C. HAMPSON JONES, Per_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16 19 26

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to Aug. 16, 1926

that I last saw h. alive on Aug. 16, 1926

and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic
with arteriosclerosis
Edema Ext. - right

(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY Bronchopneumonia
(Secondary)

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General + Lab.

(Signed) C. Hubert Burger M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

UNIVERSITY OF MARYLAND 19

20 UNDERTAKER ADDRESS

Commissioner of Health.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 13420 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Gilmor ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jas. Mitchell Ellis

(a) RESIDENCE NO. 213 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown abt 8yrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ellis

6 DATE OF BIRTH (month, day, and year) Aug. 1863

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	53	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Healper on Funiture Wagons

(c) Name of employer Hired himself at odd jobs

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Adeline Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Elizabeth Ellis (Wife)

(Address) 213 N. Gilmor St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17-1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16th. 26, 19..., to Aug. 17th. 27, 19...,

that I last saw him alive on Aug. 18th. 1926

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

6xm

(duration) Abt. 6mts.? yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation 2

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Aug 21st 19 26

20 UNDERTAKER A. Jones ADDRESS N. S. Gilmor

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13421

CERTIFICATE OF DEATH.

101-001

E 13421

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. S. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Branch.(C)

(a) RESIDENCE NO. 515 W.Biddle St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant Bessie Branch.

(Address) 515 W.Biddle St.

15 Filed AUG 19 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

8/18 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

515 W. Biddle St. August 12, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Date of Burial: Aug 19 1926

20 UNDERTAKER: Samuel H. Ensley ADDRESS 528 N. Eutaw St.

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13422 74-602 E 13422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 5-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cyrus Taylor.(C)

(a) RESIDENCE NO. 510 N.Spring St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ------ mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married. HUSBAND of XXXXXXXX of Mary P.Taylor.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	----------		

8 OCCUPATION OF DECEASED Waiter

(a) Trade, profession or particular kind of work Merchants Club.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaac Taylor.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Minnie ---- (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Mary P.Taylor.(C) wife.

(Address) 510 N.Spring St.

15 Filed_____ 19____ C. FRANCIS JONES, M. D. Registrar

Per_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

8/18 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

510 N. Spring St. Aug. 16, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Country Date of Burial Aug 19 1926

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1725 Eastland

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

13423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 E 13423

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2800 Wilkins Av St. 70-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H Strobel

(a) RESIDENCE. No. 2800 Wilkins Av ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara C. Strobel

6 DATE OF BIRTH (month, day, and year) July 18, 1862

7 AGE: Years 64 | Months — | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Fred H Strobe Jr. 2800 Wilkins av

15 Filed Aug 19 1926 HARRY COLE, M. D. Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926 to Aug 16, 1926

that I last saw h— alive on Aug 12, 1926

and that death occurred, on the date stated above, at 1305 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

8/19 1926 (Address) 517 Fidler

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Aug 19 1926

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Mulberry Westport

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13424

CERTIFICATE OF DEATH.

91-002

E 13424

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Rosedale Rd ST. 15-V WARD)

2-FULL NAME Hugh A. Sterling

(a) RESIDENCE NO. 3505 Rosedale Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adalore P. Sterling

6 DATE OF BIRTH (month, day, and year) Apr 8, 1837

7 AGE Years 89 Months 4 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Hugh Sterling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hugh M Sterling (Address) 3505 Rosedale Rd.

15 Filed AUG 19 1926 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 18, 1926

that I last saw him alive on Aug 18, 1926

and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

, 19 (Address) 954 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Creek, Washington D.C. DATE OF BURIAL Aug 19 1926

20 UNDERTAKER [illegible] ADDRESS 302 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

DARIOUS JOHNSON

E 13425 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 13425

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH 1418 E. Madison Street

CITY OF BALTIMORE: (No. ..... ST. 10-✓ WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Darious Johnson

(a) RESIDENCE NO. 1418 E. Madison St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	ed	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Johnson.

6 DATE OF BIRTH (month, day, and year) — 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Darious Johnson

11 BIRTHPLACE OF FATHER (city or town) Cambridge (State or country) Md.

12 MAIDEN NAME OF MOTHER Francis Richardson

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Md.

14 Informant William Johnson

(Address) .....

15 9 1926 C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-11 1926, to 8-17 1926, that I last saw h— alive on 8-16-26, and that death occurred, on the date stated above, at 5:20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. about ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 1418 E. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Aug 19 1926

20 UNDERTAKER Jos. J. H. Rochester

ADDRESS 1413 Jefferson St

TION IS VERY IMPORTANT

Spec.—1-10-21—M&T—1500 Bks.

E 13426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13426

1-PLACE OF DEATH

REGISTERED NO. 27-1290

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 307 Chappanoke Road ST. Hamilton WARD)

2-FULL NAME Alberta Schmuit,

(a) RESIDENCE NO. 307 Chappanoke road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Schmuit.

6 DATE OF BIRTH (month, day, and year) Feby 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	5	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Albina Volk

(Address) 307 Chappanoke Road

Filed AUG 19 1926 C. HAMILTON JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926. to Aug 17, 1926.

that I last saw h[illegible] alive on Aug 17, 1926

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Chr. Arterio Sclerosis Hypertension

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocard. Insufficiency.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Deupel, M. D.

, 19 (Address) 56 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL Aug 21 1926

20 UNDERTAKER D. John Heinrich ADDRESS 208 Ellwood St

TION is very important. See instructions, [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 13427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 1 V

E 13427

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1629 N. Montford Ave St., 8-V Ward)

2-FULL NAME Emma D. Scott

(a) RESIDENCE NO. 1629 N. Montford Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. ____ mos. ____ ds. How long in U. S., if of ~~foreign birth~~ 51 yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 15/75

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER Wm H. Slaughter

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Annie E. -

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md.

14 Informant Annie E. Slaughter

(Address) 1629 N Montford Ave

Filed AUG 19 1926 C. HAMPTON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18/26

17

I HEREBY CERTIFY, That I attended deceased from 8/10 19 26, to 8/18 19 26,

that I last saw her alive on 8/18 19 26,

and that death occurred, on the date stated above, at 11 25 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary T. B

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Nelson, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. — Date of Burial: 8/20 19 26

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 13428 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

100-001

CERTIFICATE OF DEATH.

E 13428

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 S Kenwood ave Ward 13)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elsie A Wolf

(a) Residence No. 1011 S Kenwood av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James O Wolf

6-DATE OF BIRTH (month, day and year) April 18 1896

7-AGE. 30 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Allen E Stone

11-BIRTHPLACE OF FATHER (city or town) Baltic (State or Country), Md

12-MAIDEN NAME OF MOTHER. dont Know

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14-

(Informant) James O Wolf

(Address) 1011 S Kenwood av

15-

Filed 8/19 1926 C. HAMPSON JONES, M. D.

Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 18 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug 8, 1926, to Aug 18, 1926

that I last saw her alive on Aug 18, 1926

and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Stetson, M. D.

8/19/26 19 (Address) 315 S Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel — DATE OF BURIAL. Aug 20 1926

20-UNDERTAKER. Louis Heeman — ADDRESS 32 N Broadway

E 13429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13429

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1101 Born alley St.) (Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Simpson

(Residence in Baltimore: No. 1101 Born alley St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Cald

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Sarah Carter

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Romie Penn

(Address) 1101 Born Alley

15-

Filed ... 192.

Registrar.

UG 19 C. HAMPSON JONES, M. D.

Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug 17 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos B. Gaffron M. D. (Coroner)

Aug 18—1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Aug 19 1926

20-UNDERTAKER: Mrs Chas. H. Dennis and T. O. Nelson

ADDRESS 1303 Presstman St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13430

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 13430

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2717 Hudson st St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Lejsiak

(a) Residence No. 2717 Hudson st St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, ~~Widowed~~, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Julia Lejsiak

6-DATE OF BIRTH (month, day and year) Dec 14 1876

7-AGE. 49 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or mln.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labor. ONO

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Poland.

(State or Country),

PARENTS.

10-NAME OF FATHER Lukasz Lejsiak

11-BIRTHPLACE OF FATHER (city or town) Poland

(State or Country),

12-MAIDEN NAME OF MOTHER Frances Dzych

13-BIRTHPLACE OF MOTHER (city or town) Poland.

(State or Country),

14- (Informant) Julia Lejsiak

(Address) 2717 Hudson st.

15- Filed 9 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 17 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug, 1925, to Aug 1926

that I last saw h. alive on Aug 17 1926

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Congestion

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. E. Burke M. D.

Aug 18 1926 (Address) 3042 Hudson st

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus

DATE OF BURIAL. Aug 20, 1926

20-UNDERTAKER. George A Weber

ADDRESS 2205 Bank st

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13431

E 13431

CERTIFICATE OF DEATH.

1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Mason

(a) RESIDENCE NO. 310 W. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Mason

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant City Hospitals Records
(Address)

AUG 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1926, to Aug. 17, 1926

that I last saw him alive on Aug. 17, 1926

and that death occurred, on the date stated above, at 10:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Influenza

(duration) yrs. mos 12 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? General Path.

(Signed) C. Hulme Boyd M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Aug 19 1926

20 UNDERTAKER Harriet Easton

ADDRESS 916 Paine

TION is very important. See instructions on

Cor.—12-9-25—A Co.—200 Bks.

E 13432

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13432

CERTIFICATE OF DEATH.

187-006

1-PLACE OF DEATH

City of BALTIMORE: (No. Boston Iron & Metal Co. Beach St. Curtis Bay. St 16-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Baker. (C)

(a) RESIDENCE NO. 861 Lemmon St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 13 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced, HUSBAND of (WIFE of) Elizabeth Baker. (C)

6 DATE OF BIRTH (month, day, and year) November 4, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Crane operator.

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Henry Baker. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Grace Ann---- (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina.

14 Informant Elizabeth Baker. (C) wife.

(Address) 861 Lemmon St.

15 Filed AUG 19 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the body.
Caught under a falling crane.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto A. Bernhardt M. D.
(Coroner)

8/18 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Aug 19 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa ave.

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13433

CERTIFICATE OF DEATH.

Registered No.....

13433

1-PLACE OF DEATH

City of BALTIMORE: (No. 2038 Cecil Ave, St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry R. Lauderman

(a) Residence No. 2038 Cecil ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-~~Single,~~ Married, ~~Widowed~~ or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Emma L.

6-DATE OF BIRTH (month, day and year) March 5. 1858

7-AGE. 68 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)..... 008

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Frederick Lauderman

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Reese

13-BIRTHPLACE OF MOTHER (city or town) Balto
(State or Country), Md

14- (Informant) Mary E. Lauderman

(Address) 2038 Cecil ave

15- Filed ..... 192.. Registrar

AUG 19 1926 By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 19-26

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1926, to Aug 19th 1926.

that I last saw h-- alive on Aug 17th 1926.

and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Duration yrs. mos. ds.

Pulmonary Edema

CONTRIBUTORY (Secondary)

(Duration) yrs. — mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Theodore L. Cann M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL, Aug 21. 1926

20-UNDERTAKER, ADDRESS

Instructions on back of Certificate.

Spec.—1-10-21—M&T—4500 Bks.

E 13434 Rosalia Olszewski

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13434

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Bond ST. 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalia Olszewska

(a) RESIDENCE NO. 605 Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-5-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt City

PARENTS

10 NAME OF FATHER Jan Olszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Bzozowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Olszewska

(Address) 605 Bond St

15 Filed AUG 19 1926 19 C. HAMPSON JONES, M. D. Registrar Per EKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17 19 26

17 I HEREBY CERTIFY, That I attended deceased from 8/14 , 19 26 to 8/17 , 19 26 ,

that I last saw h alive on 8/15 , 19 26 ,

and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

Secondary

Amputation

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Aug 20 1926
UNDERTAKER	ADDRESS
John M Weber	1803 Bank st

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13435

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N Kennard Av ST., 6-3 WARD)

REGISTERED NO. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME — Neberline

(a) RESIDENCE NO. 27 N Kennard Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 18 26

7 AGE — Years — Months — Days — If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Harry Neberline

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Virginia Randall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Harry Neberline

(Address): 29 N Kennard Ave

15 Filed AUG 19 1926 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 18 1926

17 I HEREBY CERTIFY, That I attended deceased from aug 18, 1926, to aug 18, 1926 that I last saw him alive on aug 18, 1926, and that death occurred, on the date stated above, at 6-30 P.M.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Ferd Kieffer M. D.

Aug 18 1926 (Address) 2325 East Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Aug 19 1926

20 UNDERTAKER: George L. Johnson ADDRESS: 2104 Eutaw Pl

'TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

19472 E 13436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13436

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 24-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Steintebech -

(a) RESIDENCE NO. 117 E. Fortune ST., Balto WARD Md -

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 - 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Nathan Conaye

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Gibbs

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Friends -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 19 1926 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926, to Aug 18, 1926, that I last saw her alive on Aug 18, 1926, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Shock + Hemorrhage
Cardiac failure -

(duration) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus

(duration) yrs. 7 mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of Aug. 18, 1926

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) R. Heaven Gray, M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Brooklyn Md

DATE OF BURIAL Aug 21 1926

UNDERTAKER F. A. Evans & Son

ADDRESS 703 Hanover St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13437

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N Wolf St., ST. 8-W WARD)

REGISTERED NO. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Braun,

(a) RESIDENCE NO. 1820 N Wolf St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie E. (nee Henny)

6 DATE OF BIRTH (month, day, and year) 10-3-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Henry J. Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER M. Reinhard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Charles A. Braun

(Address) 1820 N Wolf St.

15 Aug 9 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18th, 1926, to May 18th, 1926, that I last saw h[illegible] alive on May 17th, 1926, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Diffuse Bronchitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stowell Lowe, M. D.

May 19th 1926 (Address) 1201 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Aug 20 1926

20 UNDERTAKER Harry H. Witz — ADDRESS 1532 W. Lanvale

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 13438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 13438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Se Cour Hospital St. 19-V WARD)

2-FULL NAME John W. Miller.

(a) RESIDENCE No. 322 S. Gilmor St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna V. (nee Meyser)

6 DATE OF BIRTH (month, day, and year) 7-21-1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer) City pumping sta.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Klasmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. John W. Miller

(Address) 322 S. Gilmor St.

19 1926 C. HAMPSON JONES, M. D.

Per NRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from August 6th, 19 26, to August 17th, 19 26, that I last saw him alive on August 17th, 19 26, and that death occurred, on the date stated above, at 1:40 A m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis 10 Days

Pyaemia 10 Days

Laparotomy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 16/26

Was there an autopsy? No

What test confirmed diagnosis? Pathological

(Signed) Edw. Vaughan, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Aug. 20 19 26

20 UNDERTAKER Harry A. Wetzel

ADDRESS 531 W Lombard

TION is very important. See instructions on

Spec.—1-12-23—M&T—500 Bks.

E 13439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13439

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University of Md. Hospital (ST.) 18-1 (WARD) Ward "E"

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Smith (Marie Cornish).

(a) RESIDENCE NO. ~~834~~ 871 Raborg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Black.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	6	

8 OCCUPATION OF DECEASED infant

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Jesse Smith

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Mabel Cornish

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mother (Address) 871 Raborg St.

15 Filed 1 9 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1926, to Aug. 17, 1926, that I last saw her alive on Aug. 17, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute severe ileo-colitis with diarrhea.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

. 19 (Address) University of Maryland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL . 19

20 UNDERTAKER

ADDRESS

AUG 19 1926

Commissioner of Health

Spec.—1-10-21—M&T—1500 Bks.

E 13440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13440

CERTIFICATE OF DEATH.

REGISTERED NO. ____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank V. Swearingen

(a) RESIDENCE NO. Thurmont, Md- ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 9 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Thurmont, (State or country) Md.

PARENTS

10 NAME OF FATHER Dr. Frank V. Swearingen

11 BIRTHPLACE OF FATHER (city or town) W. Va (State or country)

12 MAIDEN NAME OF MOTHER Hazel Morgan

13 BIRTHPLACE OF MOTHER (city or town) W. Va. (State or country)

14 Informant Dr. Hand V. Swearingen (Address) Thurmont, Md.

15 19 1926 C. HAMPSON JONES, M. D. Registrar

Fee ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1926, to Aug 19, 1926, that I last saw h in alive on Aug 19, 1926, and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Meningitis (type unknown)

(duration) ____ yrs. ____ mos 14 ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture.

(Signed) J O Price, M. D.

, 19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairmont W. Va	Aug 19 1926
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 Worthington

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13441 E 13441

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr George Greer

(a) RESIDENCE NO. Union Memorial Hospital ST., ... WARD New Castle, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? 83 yrs. 7 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Green

6 DATE OF BIRTH (month, day, and year) Jan 28-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	6 7	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania-

PARENTS

10 NAME OF FATHER William G. Greer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Amanda Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Herbert C. Greer (Brother)
(Address) 1047 Shadyside Pittsburgh Pa.

15 9 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 13 1926, to Aug 19 1926, that I last saw him alive on Aug 19 1926, and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Aug 16 1926

Was there an autopsy? Dr

What test confirmed diagnosis?

(Signed) R J Belford M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newcastle Pa. DATE OF BURIAL Aug-20 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODS, SUCCESSOR) ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 13442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., (WARD)

2-FULL NAME Charles W. Griffin

(a) RESIDENCE NO. 1147 N. Harford Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Somers Griffin

6 DATE OF BIRTH (month, day, and year) March 20 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Broker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas W. Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known.

14 Informant Howard S. Griffin

(Address) 114 N. Harford Rd.

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.

Registrar

Aug 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1926

17

I HEREBY CERTIFY, That I attended deceased from aug. 8, 1926, to aug. 16, 1926, that I last saw him alive on aug. 16, 1926 and that death occurred, on the date stated above, at 7:25 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the ascending Colon.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obst.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 8-9-26

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) A. L. McAnally, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Aug 20 1926

20 UNDERTAKER Henry Sonder & Sons Inc — ADDRESS 1710 Pleet St.

CAUSE OF DEATH to print terms, so that it may be TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 13443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S 5th St. 26 WARD) REGISTERED NO. C 6449

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Altwater

(Residence in Baltimore: No. 242 S 5th St.; Lft. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 18 (Day), 1883 (Year)

7-AGE, 43 yrs. 7 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pattern Filer
(b) General nature of industry, business, or establishment in which employed (or employer): Iron Foundry

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Altwater

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Gibb

13-BIRTHPLACE OF MOTHER (State or Country), Penna,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Altwater

(Address) 242 S. 5th St

15-

Filed ..... 1926 C. HARRISON ..... Registrar.

8 19 1926 Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19 1925 to Aug 18 1926, that I saw h[im] alive on Aug 17 1926, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows: Carcinoma (metastatic)

.....

.....

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

..... (Duration) yrs. 1 mos. 7 ds.

(Signed) J. J. Nurs[e] ..... M. D.

Aug 18..., 1926 (Address) 319 Register St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Aug 21..., 1926

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Eastern Ave

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Summers)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13444

E 13444

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 28-2 WARD)

2-FULL NAME Bertha Summers

(a) RESIDENCE NO. 3318 Guyookas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Patrick J. Summers

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Mt Savage (State or country) Maryland

PARENTS

10 NAME OF FATHER Mathew Farrell

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Ruddy

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Ireland

14 Informant Mt. Hope Records (Address) Mt Hope Retreat

15 C. HAMPSON JONES, M. D. Registrar

1 9 1926 Per H.R.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1926

17 I HEREBY CERTIFY, That I attended deceased from August 9, 1926, to August 19, 1926, that I last saw h[illegible] alive on August 19, 1926 and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Unknown (duration) ... yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile Dementia

Unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell, M. D.

, 19 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Aug. 21 19 26

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13445

CERTIFICATE OF DEATH.

154 E 13445

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3910 Falls Road St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Bowers

(a) RESIDENCE NO. 3910 Falls Road St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura M. Bowers

6 DATE OF BIRTH (month, day, and year): Dec. 12-1875

7 AGE: Years 50 | Months 8 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Door Glazer &c

(b) General nature of industry, business, or establishment in which employed (or employer): Morgan Mills Works

(c) Name of employer

9 BIRTHPLACE (city or town): Cumberland Co.

(State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Bigler Bowers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Emma L. Cleve

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Pennsylvania

14 Informant: Mrs. Laura M. Bowers

(Address): 3910 Falls Road

15 Filed: C. HAMPSON JONES, M. D.

9 1925 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926 to Aug. 18, 1926, that I last saw h— alive on Aug. 16, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Dermatitis Exfoliativa

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Lee Magruder, M. D.

8/19, 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shippensburg Pa. Date of Burial: Aug. 20 1926

20 UNDERTAKER: Horace F. Burgee ADDRESS: 3631 Falls Rd

Very Important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3434 Cedar Ave. St., 13 Ward)

2-FULL NAME Walter Kenneth Burke

(a) RESIDENCE NO. 3434 Cedar Ave. St. 13 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 17-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Walter L. Burke

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorothy B Fischer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md Maryland

Informant Walter L. Burke
(Address) 3434 Cedar Ave

C. HAMPSON JONES, M. D.
19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 19, 1926, that I last saw h. alive on August 19, 1926, and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:
Ileo Cholitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) C. J Bares, M. D.

8-19-1926 (Address) 866 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Spicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Williams & Hampden Aug 21 1926

20 UNDERTAKER — ADDRESS

Horace A. Burgie 523 Falls Rd.

USE—WRITE plain terms, so that it may be properly classified. Exact statement of OCCUPATION of PARENTS. See instructions on back of certificates.

UG 19

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13447

E 13447

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST., 11-1 WARD)

2-FULL NAME George Weeks.

(a) RESIDENCE NO. 716 W. Dolphin ST., WARD

(Usual place of abode) 75[illegible] (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE: Years 76 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Washington Md. (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Douglas Dudley (Address) 908 Ronis St. Phila. P.

15 Filed AUG 20 1926, 19 C. HAMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1926, to Aug. 18, 1926, that I last saw him alive on Aug 17, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cardio - Vascular - Renal Disease.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No. Clinical tests.

What test confirmed diagnosis?

(Signed) W= J. Carr, Jr., M. D.

Aug 19 26 (Address) 515 Mosher St. Asst. Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: Aug 20 1926

20 UNDERTAKER: Edmund W. Bradley ADDRESS 578 W. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13448 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13448

CERTIFICATE OF DEATH.

113

REGISTERED NO. 26-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 248 S. Third (St.) (Ward)

2-FULL NAME Vincent Contreno

(a) RESIDENCE NO. 248 S Third St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? — yrs. 1 mos. 1 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 10/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Carmello Contreno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Luigia Giordano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Carmella Contreno

(Address) 248 S Third St

15 AUG 20 1926 19 C. HAMPSON JONES, M. D.

Per — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1926, to Aug 18, 1926,

that I last saw him alive on Aug 17 —, 1926,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Fulminans

(duration) yrs. — mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical signs evidence

(Signed) A. G. Fiditi, M. D.

8/18, 1926 (Address) 1300 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 8/20 1926

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13449 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13449

CERTIFICATE OF DEATH. 100001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals ST. (If not in hospital)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E Meyers

(a) RESIDENCE NO. 500 East Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
md	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn-

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn-

14 Informant Balto City Hospitals Records (Address)

Filed AUG 20 1926 C. HAMPSON JONES, M. D. Registrar

Per GHG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19-'26

17 I HEREBY CERTIFY, That I attended deceased from 7-30-'26 to 8-19-'26.

that I last saw h~~m~~ alive on 8-19-'26,

and that death occurred, on the date stated above, at 3 30 am

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate with Infection

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical findings

(Signed) Edwin M. Robertson M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 8/20 1926

20 UNDERTAKER J. J. Fahey & Son — ADDRESS 1315 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13450

CERTIFICATE OF DEATH.

182 E 13450

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Caroline & Lancaster Sts St., 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Mitchell. (C)

(a) RESIDENCE NO. 531 S. Caroline St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? 7 yrs. 9 mos. 19 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 29, 1918.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Mitchell. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio.

12 MAIDEN NAME OF MOTHER Mamie Washington.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mamie Mitchell. (C) mother.

(Address) 531 S. Caroline St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

AUG 20 1926 Per ..... Registrar

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

Fall into the water while playing at a sewer opening.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Leonhardt M. D. (Coroner)

8/18 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

Date of Burial 8/22 1926

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Hanford Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13451 E 13451

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E. Lafayette Ave ST., 8-V. WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H. Dempsey

(a) RESIDENCE NO. 1501 E. Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas F. Dempsey

6 DATE OF BIRTH (month, day, and year): 11/15/1869

7 AGE: Years 66 Months 9 Days 4 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: John Fay

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Mary H. Fay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Mrs. Lillian Tabling

(Address) 1501 E. Lafayette Ave

15 Filed AUG 20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 19, 1926

that I last saw her alive on Aug 19, 1926

and that death occurred, on the date stated above, at 1 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart due to Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. Engman, M. D.

, 19 (Address) 1617 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 8/23 1926

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 13452 HEALTH DEPARTMENT--CITY OF BALTIMORE E 13452

CERTIFICATE OF DEATH

129

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Methodist Home for Aged. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Wilson

(Residence in Baltimore: No. Methodist Home for Aged St.: 79 yrs. 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov. (Month) 28 (Day), 1846 (Year)

7-AGE: 79 yrs. 8 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Nicholas Cornelius

11-BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Lee

13-BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Etta [illegible]

(Address) 400 N. Fulton Ave

15 AUG 20 1926 C. H. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 18 (Day), 1926 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1925 to Aug. 18, 1926 that I saw her alive on Aug. 18, 1926. and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ? yrs. mos. ds

Contributory (SECONDARY) Senility

(Duration) yrs. mos. ds.

(Signed) Geo. E. Shannon, M. D.

Aug. 19, 1926 (Address) 700 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 12 yrs. 2 mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn [illegible] | DATE OF BURIAL: Aug 20, 1926

20-UNDERTAKER: Siegel Smith | ADDRESS: 532 Holland St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 13453 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1003 E 13453

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) ST., (E. W. or N. S.) 16-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Inez Brooks Glaser

(a) RESIDENCE NO. 826 N Bentalou St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Raymond Glaser

6 DATE OF BIRTH (month, day, and year) Mar 11, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Rufus Brookes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Wiber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant J. Clinton Brooks

(Address) 826 N Bentalou St

15 Filed AUG 20 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Aug 18, 1926, that I last saw h.r alive on Aug 18, 1926, and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Prolonged labor. Post partum hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

Heart (duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/18/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

19 (Address) Medical Staff

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Ridge Cem

DATE OF BURIAL Aug 20 1926

UNDERTAKER George J Smith

ADDRESS 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13454

CERTIFICATE OF DEATH.

16 E 13454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N. Mount ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Lewis

(a) RESIDENCE NO. 1804 N. Mount ST., WARD

(Usual place of abode) 50 yrs

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	N.	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of George R Lewis

6 DATE OF BIRTH (month, day, and year) Dec 12, 1831

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER George Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E Keil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John H Lewis

(Address) 1804 N Mount St

15 Filed ..... 19 C. HAMPSON JONES, M. Registrar

Per .....

AUG 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 19, 1926, that I last saw h[illegible] alive on Aug 19, 1926 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Bowel (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. H. Duvall, M. D.

8/19, 19 26 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Aug 21 1926

20 UNDERTAKER H. M. Cook

ADDRESS 112 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13455

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Poppleton ST., 18-1 WARD)

2-FULL NAME Annie Webster Smith

(a) RESIDENCE NO. 208 N. Poppleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Smith

6 DATE OF BIRTH (month, day, and year) Nov 28, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	8	19 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Bucks, Md
(State or country)

PARENTS

10 NAME OF FATHER Clayton Jennifer

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Calvert Co., Md

12 MAIDEN NAME OF MOTHER Susie Smallwood

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Calvert Co., Md

14 Informant Sarah E. Brown (Sister)
(Address) 208 N. Poppleton St

15 Filed AUG 20 1926 C. HAMPSON JONES, M.D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug 17, 1926, that I last saw her alive on Aug 16, 1926 and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows:

Chr Parenchymatous nephritis

(duration) 7 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 20 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. Hughes, M. D.

, 19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 20, 26
20 UNDERTAKER John H. Joachim	ADDRESS 1027 Mad Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 13456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13456

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Walker.

(a) RESIDENCE No. 139 Henrietta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female.	Black.	infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Eddie Walker

11 BIRTHPLACE OF FATHER (city or town) Wilmington
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Rosa Etta Richard

13 BIRTHPLACE OF MOTHER (city or town) Newbern
(State or country) North Carolina.

14 Informant Rosa Etta Walker.
(Address) 139 Henrietta St.

15 Filed AUG 20 1926, 19 C. HAMPSON JONES, M. D.
Registrar

G 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Aug 19, 1926, that I last saw her alive on Aug. 19, 1926, and that death occurred, on the date stated above, at 11:20 A.m.

The CAUSE OF DEATH* was as follows:

Acute severe ileo-colitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Convulsions + terminal pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) Nurses' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Aug 20 1926
UNDERTAKER R. L. Parham	ADDRESS 916 Leadenhall st

CAUSE OF DEATH must be filled in plainly. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Wrider Deedan

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 13457

CERTIFICATE OF DEATH.

E 13457

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St., 17-V Ward)

(If death occurred in a hospital or institution, gtve its NAME instead of street and number.)

2-FULL NAME Hardy Deedan

(a) RESIDENCE NO. 586 Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year): ____ 1873

7 AGE: Years 53 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Daniel Deedan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Burk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Hannah Hall

(Address) 1709 Westwood Ave

Filed AUG 20 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 19 26, to Aug 15, 19 26

that I last saw h— alive on Aug 15, 19 26

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH was as follows: Intestinal Obstruction

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 14 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. B. Worth, M. D.

, 19 (Address) Mercy Hospital - Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Aug 20 19 26

20 UNDERTAKER: John H. Toadvine ADDRESS 1027 Hanover

Spec.—12-9-25—A Co.—200 Bks.

E 13458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13458

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3012 Westwood ave St., 15-7 Ward)

2-FULL NAME Thomas L. Bischoff

(a) RESIDENCE NO. 3012 Westwood ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Julian Bischoff

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Ella Layfield

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mrs. Julian Bischoff

(Address) 3012 Westwood ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per GAK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 / 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18th 1926 to Aug. 20th 1926, that I last saw him alive on Aug. 20th 1926, and that death occurred, on the date stated above, at 4.25 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) ___ yrs. ___ mos. 12 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted ✓

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Edgar Fay, M. D.

Aug 20, 1926 (Address) 2919 Belmont ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Aug 21 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 2 D 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13459

CERTIFICATE OF DEATH.

90 E 13459

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 W. Lombard ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ana Stockus

(a) RESIDENCE. No. 843 W. Lombard ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced (or) WIFE of John Stockus

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Anthony Juska

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Agota Simanti

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant John Stockus

(Address) 843 W. Lombard.

15 Filed AUG 20 1926, 19

C. HAMPSON JONES, M. D. Registrar

by GPK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1923, to Aug. 19, 1926, that I last saw her alive on Aug. 13, 1926, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John G. Buchness, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 8/21 1926

20 UNDERTAKER Chas. P. Fuchandkas

ADDRESS 637 S Pacca St

Spec.—1-10-21—M&T—1500 Bks.

E 13460 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13460

31

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Fayette St. 18-2 WARD)

2-FULL NAME Herman Hasson Stewart

(a) RESIDENCE NO. 814 N. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Stewart

6 DATE OF BIRTH (month, day, and year): Aug 3. 1883

7 AGE: Years 43 | Months | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hatter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer: Brigham Hopkins

9 BIRTHPLACE (city or town) (State or country): Mount Pleasant Penna

PARENTS

10 NAME OF FATHER: William Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Westmoreland Co. Pa.

12 MAIDEN NAME OF MOTHER: Priscilla Hamie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westmoreland Co. Pa.

14 Informant: Mrs. Olive Anders (Sister)

(Address): 814 W. Fayette St.

15 Filed AUG 20 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926. to Aug 18, 1926.

that I last saw h in live on Aug 18, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs 11 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? T.B. in sputum

(Signed) Paul Brown, M. D.

8/18, 1926 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 21 1926

20 UNDERTAKER: J. W. Teufel & Son — ADDRESS: 801 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 13461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13461

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ignatz Wunsenowski

(a) RESIDENCE NO. 922 E. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Wunsenowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant City Hospitals Records (Address)

15 Filed G. HAMPSON JONES, M. D. Registrar

Per

G 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1926, to Aug. 18, 1926

that I last saw him alive on Aug. 18, 1926

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

Pulmonary tuberculosis — fibrous.

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? General & Lab.

(Signed) C. Hampson Jones M. D.

1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 8/20 1926

20 UNDERTAKER J J Fahey Son

ADDRESS 1348 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13462

E 13462

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Hickory Ave. St. ..... WARD) 13 + 100

2-FULL NAME Catherine L. Naylor

(a) RESIDENCE NO. 4022 Hickory Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6 1926

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	✓	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Arthur Naylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Loretta Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Arthur Naylor
(Address) 4022 Hickory Ave.

15 AUG 20 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Aug 19, 1926, that I last saw her alive on Aug 19, 1926, and that death occurred, on the date stated above, at 630 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal attendance

(Signed) H. D. Frankum M. D.

19 (Address) 44 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Aug 21 1926
20 UNDERTAKER	ADDRESS 3617
Chenoweth Son	Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 13463

HEALTH DEPARTMENT—CITY OF BALTIMORE 46

CERTIFICATE OF DEATH.

E 13463

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1st Germania Ave (St.) 153 (Ward) Protestant

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Kenny

(Residence in Baltimore: No. 820 E. 37th St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Sept. (Month) 23 (Day), 1904 (Year)

7-AGE, 21 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): Mt. Vernon Woolberry Mills

9-BIRTHPLACE, (State or Country): Baltimore Co. Md

PARENTS.

10-NAME OF FATHER: Wm. F. Kenny

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth McKenzie

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Kenny

(Address) 820 E. 37th St

15-

Filed 20 1926

C. HAMPSON JONES, M. D.
Registrar.

Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocution

Accidental

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John M. Morrissey (Coroner.) M. D.

8/20, 1926. (Address) 23 E. Holland St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Aug 21, 1926

20-UNDERTAKER: Horace H. Burgee — ADDRESS: 3001 Falls Road

N.B.—Every item of information should be carefully supplied. Please write plainly. Exact statement of OCCUPATION is important. See instructions on back of certificate.

E 13464 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13464

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2280 Woodbury ave St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Nace.

(Residence in Baltimore: No. 2280 Woodbury ave St.; yrs. 12 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. Sept. 24 (Month) (Day) 1913. (Year)

7-AGE. 12 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... not any
(b) General nature of industry, business, or establishment in which employed (or employer)..... befit

9-BIRTHPLACE, (State or Country). Balto city Md.

PARENTS.

10-NAME OF FATHER. Howard J. Nace.

11-BIRTHPLACE OF FATHER. (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER. Lillie H. Nace

13-BIRTHPLACE OF MOTHER. (State or Country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard J. Nace

(Address) 2280 Woodbury ave.

15- Filed AUG 21 1926 C. HAMPSON JONES, M. D. Registrar. Per ARH

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. (Month) 19 (Day) 26 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to 230 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Flamage Burden

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner.)

Aug 19 1926 (Address) 3632 Roland ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Marys Cemetery DATE OF BURIAL. Aug 21st 1926

20-UNDERTAKER. Walter Lewis ADDRESS 2307 Paine

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13465 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13465

CERTIFICATE OF DEATH.

REGISTERED NO. 118-001

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Augusta. Betkey

(a) RESIDENCE No. [redacted] O'Donnell & 22nd. St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? 48 yrs. mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Betkey

6 DATE OF BIRTH (month, day, and year) Oct 4. 1853

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	72	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Wolfgram

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs William Schmidt (Daughter)

(Address) 4514 Eastern Ave.

15 Filed AUG 20 1926 C. HAMPSON JONES, M. D. Registrar

Per 1114

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1926, to Aug. 19, 1926.

that I last saw her alive on Aug. 19, 1926

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal. Obstruction due to strangulated. R. Femoral. Hernia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 8/18/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) E M Rhodes M. D.

Aug 19 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Cemetery

DATE OF BURIAL Aug 22 1926

20 UNDERTAKER Henry Sander & Sons Inc.

ADDRESS 1710 Fleet St.

Exact statement of OCCUPATION should be carefully supplied. Avoid abbreviations. Name of employer should be given. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. INFORMATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13466

100-001 E 13466

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2700 E. Fairmount Ave St., 6-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Frederick Page

(a) RESIDENCE NO. 2700 E Fairmount Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 21. 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	29 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Leon Page

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Nancy Sapp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant (Mrs.) Myrtle Page

(Address) 2700 E. Fairmount Ave

15 Filed 8-20-26 C. HAMPSON JONES M D Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17

I HEREBY CERTIFY, That I attended deceased from aug 15 1926 to aug 20 1926, that I last saw h... alive on aug 19 1926, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Ruth Dunnington M. D.

(Address) 800 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Aug 21 1926

20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	1710 Fleet St.

tion should be carefully supplied. AGE should be stated EXACTLY. If LESS than one day, state hours or minutes. OCCUPATION should be stated EXACTLY. If a woman, the trade, profession or particular kind of work should be given which she followed during the greater part of her life, even though she may have been employed at some other occupation at the time of death. If a child, the occupation of the parents should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Arthur Callenberger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13467

CERTIFICATE OF DEATH.

107-003 E 13467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Callenberger.

(a) RESIDENCE NO. 535 South Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed~~, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14, 1886.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: S. Callenberger.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Ellen Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Mrs. Frances deCompt. (Address) Chase Md

AUG 21 1926 Filed C. HAMPSON JONES, M. D. Registrar

Per GPK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Aug 20, 1926, that I last saw him alive on Aug 20, 1926, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Lung abscess.

(duration) 1 yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Max Henry Breitfeld M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: Aug 21 1926

20 UNDERTAKER: Zickler & Zickler — ADDRESS: 1739 E. Eager St.

Information should be entirely supplied. Name should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13468

CERTIFICATE OF DEATH.

31 E 13468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (B) (WARD) 17-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Agnes Robinson

(a) RESIDENCE NO. 1009 Myrtle ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Hardy Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Gleeson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed AUG 21 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to Aug. 20, 1926, that I last saw h.. alive on Aug. 20, 1926, and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. E. Gattens M. D.

8-20, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 23 1926

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Carey

mation should be carefully supplied. Name must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may

Spec.—1-10-21—M&T—1500 Bks.

E 13469 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13469

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 Numaen ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O. Johnson —

(a) RESIDENCE NO. 523 Numaen ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Johnson

6 DATE OF BIRTH (month, day, and year): Mch 4th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Home —

9 BIRTHPLACE (city or town) (State or country): Maryland —

PARENTS

10 NAME OF FATHER: John Johnson —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland —

12 MAIDEN NAME OF MOTHER: Alice Grooms

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Alice Johnson Daughter

(Address) 523 Numaen Ave

15 Filed ..... 19.. C. HAMPSON JONES M. D. Registrar

Per .....

AUG 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1926 to Aug 20 1926.

that I last saw h[illegible] alive on Aug 19 1926

and that death occurred, on the date stated above, at 4 40 a. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

about (duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Dropsy —

about (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Samuel A Bani M. D.

19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 21 1926

20 UNDERTAKER: Edwin Carter

ADDRESS 916 Paca

mation should be carefully supplied. Age should be stated in years. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13470 — 60-92 — E 13470

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 637 Bartlett ave St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Fannie N. Read

(a) Residence No. 637 Bartlett ave St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John W Read

6-DATE OF BIRTH (month, day and year) June 15th 1878

7-AGE, 57 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas F Norwood

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary A Schroeder

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Baltimore Md

14- (Informant) John W. Read

(Address) 637 Bartlett ave

15- AUG 21 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-20-26

17- I HEREBY CERTIFY, That I attended deceased from 8/12, 1926, to 8/20, 1926, that I last saw her alive on 8-20, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 3- ds.

CONTRIBUTORY (Secondary) Adenoma Thyroid -

(Duration) 6 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller M. D.

8-20, 1926 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Aug 23rd 1926

20-UNDERTAKER, George Schulling & Sons ADDRESS 1126 E Monument

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1294 E 13471

CERTIFICATE OF DEATH.

E 13471

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 541 W. Conway St. 72-1 Ward)

2-FULL NAME Jacob Hoffman

(a) RESIDENCE NO. 541 W. Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Christine Hoffman

6 DATE OF BIRTH (month, day, and year) Sept 4 1834

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	91	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Philip Hoffman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Charles P. Hoffman

(Address) 541 W. Conway St

Filed AUG 21 1926 C. HAMPSON JONES, Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1926

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1926 to Aug. 19, 1926,

that I last saw h~~im~~ alive on Aug 19, 1926,

and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Heber Smith M. D.

. 19 (Address) 1412 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Aug 23 1926

20 UNDERTAKER M. J. Jacobs & Son ADDRESS 2178 E. Pra

NOTICE.—Answers to questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 13472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13472

89

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 W. North ave. ST. 15-4 WARD)

2-FULL NAME Olivia H. Hawkins

(a) **RESIDENCE** No. 2517 W. North ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Nelson Hawkins

6 DATE OF BIRTH (month, day, and year) Jan. 18-1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Kemp

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J. Battin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. Charlotte Greenie
(Address) 2517 W. North ave.

15 Filed AUG 21 1926 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

8/20/ 1926 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Aug. 23 1926

20 UNDERTAKER	ADDRESS
Wm. E. Black	927 E. Broadway

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. See instructions on back of certificate.

...c.—1-12-23—M&T—500 Bks.

E 13473

E 13473

HEALTH DEPARTMENT—CITY OF BALTIMORE

+100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Deuker

(a) RESIDENCE NO. University Hospital ST., WARD Glen Arm-Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 28 ds. How long in U. S., if of foreign birth? about 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Deuker

6 DATE OF BIRTH (month, day, and year) About 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 72	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Slate-Mason

(b) General nature of industry, business, or establishment in which employed (or employer) Self 675

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) not known Germany

PARENTS

10 NAME OF FATHER Cannot Ascertain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cannot Ascertain

12 MAIDEN NAME OF MOTHER Cannot Ascertain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cannot Ascertain

14 Informant J R Slade (Friend)

(Address) Long Green-Md

Filed AUG 21 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20-1926

17 I HEREBY CERTIFY, That I attended deceased from 7-23-1926 to 8-20-1926, that I last saw h. alive on: 8-20 1926, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronco Pneumonia
Incident to chronic
Hypertrophic Prostatitis

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Bilat Bronco Pneum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pneumonia at Lung Affection

Did an operation precede death? No Date of none

Was there an autopsy? none

What test confirmed diagnosis? Physical Examination

(Signed) A. B Hendrix, M. D.

8-20-1926 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Grove-Balto Co. Md — DATE OF BURIAL Aug 24 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13474 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13474

90

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 28-1 WARD)

2-FULL NAME Edward Powers

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD Texas Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? about yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) about 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Powers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mt Hope Retreat (Address) Mt Hope.

15 AUG 21 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to Aug 20, 1926, that I last saw h alive on Aug 19, 1926 and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis.
Arterio-Sclerosis
(Cardiac dilatation)
Sudden (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Dementia
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Fulton P. Ford M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Texas Balto Co. Md. DATE OF BURIAL Aug. 23 1926.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS 108 NORTH AVE.

N. B.—WRITE PLAINLY, with ink. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13475

CERTIFICATE OF DEATH.

90 E 13475

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 32 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaiah Hawkins

(a) RESIDENCE NO. 105 N. Broad St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Isaiah Hawkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant City Hospitals Records

(Address)

Filed AUG 21 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to Aug. 17, 1926

that I last saw h.. alive on Aug 17, 1926

and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia - lobar

arteriosclerosis - hypertension

myocarditis - chronic

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) E. Holmes Boyd, M. D.

1919 (Address)

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

19

20 UNDERTAKER ADDRESS

AUG 21 1926

WRITE PLAINLY, WITH UNFADING INK. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13476

CERTIFICATE OF DEATH.

152 E 13476

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. ____ St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Thomas Morel —

(a) RESIDENCE NO. 2026 N. Fayette St. 4 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyne Morel —

6 DATE OF BIRTH (month, day, and year) Oct 15, 1857.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm J. Morel.

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Hospital Records.

(Address)

C. HARRISON JONES, M. D.

15 Filed ____ 19__ Registrar

AUG 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to Aug 20, 1926

that I last saw him alive on Aug 20, 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: —

Septicaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile nephritis (Interstitial).

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. S. Wood, M. D.

, 19 (Address) Mercy Hospital Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md Date of Burial Aug 23, 26

20 UNDERTAKER Harry A. Britzius ADDRESS 1531 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13477 E 13477

CERTIFICATE OF DEATH.

187-007

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 11-N ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond R. Dunlay

(a) RESIDENCE No. 247 Colgate Ave St Helena ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Dunlay

6 DATE OF BIRTH (month, day, and year) Sept 5, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24		11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work roll turner
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Francis Dunlay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Anna Dunlay
(Address) 247 Colgate Ave St Helena

15 Filed AUG 2 1926, 192 C. HAMPSON JONES, M. D.
By AKH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of ribs (left side)
Puncture of lung and probably abdominal injuries 5 hrs.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Accidental fall from [illegible] wheat
(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)
Aug 1, 1926 (Address) 1102 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mikesport Pa	Aug 22 1926
20 UNDERTAKER	ADDRESS
Harry H. Withyle	1531 Lombard St city

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

AUG 2 1926

Spec.—8-24-14—M. & T.—2000 Blks.

E 13478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13478

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH Franklin Sq. Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST. 15-11 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Canter.

(Residence in Baltimore: No. 2320 Reisterstown Road St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F. | 4-COLOR OR RACE, White-female | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Aug. 20, 1926. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ½ hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Canter

11-BIRTHPLACE OF FATHER (State or Country), Lancaster, Pa.

12-MAIDEN NAME OF MOTHER, Rena Oppenheimer

13-BIRTHPLACE OF MOTHER (State or Country), Washington, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Canter

(Address) 2320 Reisterstown Road

15-

Filed AUG 22 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 20, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1926, to Aug 20 1926, that I saw her alive on Aug 20 1926, and that death occurred, on the date stated above, at 4 45/P m.

The CAUSE OF DEATH* was as follows:

Respiratory failure - probably due to pneumonia

Pneumonia (Duration) 1 yrs. ..... mos. 2 days.

CONTRIBUTORY (Secondary) Other Causes ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Jones M. D.

....., 191... (Address) Mayland & Hoff

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Friendship | DATE OF BURIAL, Aug. 22, 1926

20-UNDERTAKER Fahrens & Co | ADDRESS 3314 Reisterstown Rd

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13479 E 13479

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Foley

(a) RESIDENCE No. 1003 W. 37th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 84 Months unknown Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): unknown Ireland.

PARENTS

10 NAME OF FATHER: Michael Foley

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Ireland

12 MAIDEN NAME OF MOTHER: Mary Fowler

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Ireland

14 Informant (Address): Mt Hope Retreat Mt Hope.

15 Filed AUG 22 1926

C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Aug 20, 1926,

that I last saw h alive on Aug 20, 1926,

and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Cancer Liver Lip. (Epithelioma)

about (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile psychosis

Bon (duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Govan DATE OF BURIAL Aug 23, 19 26

20 UNDERTAKER: A S Marshall ADDRESS 2339 Fallsd

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 2 2 1926

13480

HEALTH DEPARTMENT—CITY OF BALTIMORE

002

188 E 13480

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balt City Hospital St.: 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Pogoda

(Residence in Baltimore: No. 2611 - Fait Ave St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) unknown (Day) ....., 1853 (Year)

7-AGE, 73 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,	Not Known
11-BIRTHPLACE OF FATHER (State or Country),	Poland
12-MAIDEN NAME OF MOTHER	Not Known
13-BIRTHPLACE OF MOTHER (State or Country),	Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Wydra

(Address) 2618 Hudson St.

15-

Filed ..... C. HAMPSON JONES, M. D. ..... Registrar.

Per .....

8 2 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 19 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture 3rd rib L. Skull
Street Car accident
while She was walking
across street (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Hemorrhage into
L. Brain (Duration) ..... yr. ..... mos. 4 ds.

(Signed) James M. Rawlins M. D.
(Coroner.)

8 21, 1926 (Address) 700 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ..... 2600 Block Fait Ave.

Former or usual residence 2611 Fait Ave.

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Aug 23, 1926

20-UNDERTAKER Stephen J. Gialkowski — ADDRESS 1 Kenwood Ave

8.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13481

CERTIFICATE OF DEATH.

44 E 13481

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Greenmount Ave ST. 40-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca L. George

(a) RESIDENCE NO. 1204 Greenmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis George

6 DATE OF BIRTH (month, day, and year) July 26, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Prince George, Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Strickland

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elanore Ryan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant H. Barry George
(Address) 1204 Greenmount Ave.

15 Filed 8 21 1926 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 al 1926, to Aug 20, 1926 that I last saw h[e] alive on Aug 20, 1926 and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical Symptoms

(Signed) Unpierce, M. D.

8-21, 1926 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Aug 19

ADDRESS

20 UNDERTAKER Rida Wiedefeld 914 Greenmt Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS' OCCUPATION should be carefully supplied. AGE should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 13482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13482

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2739 Riggs Ave. ST. 16-3 WARD)

2-FULL NAME Meta M. Dockhorm,

(a) RESIDENCE NO. 2739 Riggs Ave. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
or) WIFE of George Dockhorm,

6 DATE OF BIRTH (month, day, and year) March 30, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Klinge,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germa ny

14 Informant John Matthew
(Address) 2739 Riggs Ave

15 AUG 24 1926 C. HAMPSON JONES, M. D. Registrar
Per AMH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Aug 21, 1926, that I last saw her alive on Aug 21, 1926, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical History & Embalmer

(Signed) J. H. Zierler, M. D.

, 19 (Address) 1125 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL AUG 24 1926

20 UNDERTAKER Geo W Little — ADDRESS

N. B.—WHITE PLAINLY, WITH ORDINARY PENCIL. AGE should be stated EXACTLY. PHYSICIANS mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13483 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13483

117 V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp ST. 33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Everett Y. Sorden

(a) RESIDENCE NO. 5012 Wilson ave ST. Arlington, Balto WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Ada L Sorden / Mrs. E. Y. Sorden

6 DATE OF BIRTH (month, day, and year) August 27 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supervisor in Health Dept

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Md~~ Md

PARENTS

10 NAME OF FATHER Richard Sorden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ada L. Sorden

(Address) 5012 Wilson Ave

15 Filed AUG 21 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/15 1926, to 8/20 1926,

that I last saw him alive on 8/19 1926,

and that death occurred, on the date stated above, at 5:35 a m.

The CAUSE OF DEATH* was as follows:

Paralysis of Bowels

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Appendectomy Gangrenous appendix

(duration) yrs. mos. 4 1/2 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? Yes Date of 8/15/26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Sparks M. D.

1926 (Address) 5 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL AUG 23 1926

20 UNDERTAKER Geo W Little ADDRESS 3708 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 21 1926

Spec.—1-10-21—M&T—1500 Bks.

E 13484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13484

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. 27-9 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Helen Rand.

(a) RESIDENCE NO. 508 Willow Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard E. Rand.

6 DATE OF BIRTH (month, day, and year) Jan. 27. 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER William A. Kelly

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Jane E. Kelly

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co., Md. (State or country)

14 Informant Howard E. Rand (Address) 508 Willow Ave

15 Filed AUG 22 1926 19 C. HAMPSON JONES, M. D. Registrar

For 1651

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1926, to Aug. 20, 1926 that I last saw her alive on Aug. 20, 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis, Lethargica.

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no clinical

What test confirmed diagnosis?

(Signed) A. L. McAnally, M. D.

Aug 20 1926 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Hayden Rd DATE OF BURIAL Aug. 24 1926

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Mince

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13485 31 E 13485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital (C.H.) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mince

(a) RESIDENCE NO. 2235 Eastern Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Mince

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore Oechler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Detzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital records (Address)

15 Filed AUG 21 1926, 19 C. HAMPSON JONES, M. D. Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1926, to Aug. 19, 1926, that I last saw h.. alive on Aug. 19, 1926, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ..., M. D.

8-19-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Aug. 23rd 1926

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. ... should be stated EXACTLY. PHYSICIAN ... should date mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 21 1926

E 13486

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3904 Claremont St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Dilando) Violanda Persiona

(a) RESIDENCE NO. 3904 Claremont St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) June 2 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Persiona

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Clara Santuro

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Frank Persiona

(Address) 3904 Claremont Ave

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

Per _____

G 2 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Fenton M. D. (Coroner)

8 21, 1926 (Address) 702 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial Aug 22 1926

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St

V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 3986

1-PLACE OF DEATH

City of BALTIMORE: (No. 3904 Claremont St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Violando Persiana

(a) RESIDENCE NO. 3904 Claremont St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Persiana

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Clara Santrona

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Frank Persiana
(Address) 3904 Claremont St.

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20-1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Aug 19, 1926, that I last saw h[illegible] alive on Aug 19, 1926, and that death occurred, on the date stated above, at 3.20 a.m.

The ~~CAUSE OF DEATH~~* was as follows:

Gastro Enteritis. Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) M. L. Mazze, M. D.
8/23, 1926 (Address) 761 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Stanislaus Cem	Aug 21 1926
20 UNDERTAKER	ADDRESS
Lilly and Zirkin	403 S. Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 13487

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 13487

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1645 Barnes St., 17 Ward)

2-FULL NAME Rose Conrad

(a) RESIDENCE NO. 1645 Barnes St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 36 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anton Conrad

6 DATE OF BIRTH (month, day, and year): Don't know

7 AGE: Years 52 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Stanley Conrad

(Address) 1645 Barnes St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

G 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22d 1926 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 17 1926, to Aug 22d, 1926, that I last saw her alive on Aug 20, 1926, and that death occurred, on the date stated above, at 4.50 a. m.

The CAUSE OF DEATH* was as follows:

Uterine cancer

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion & coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Gage M. D.

8/21. 1926 (Address) 709 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Aug 23 1926

20 UNDERTAKER: Funk & Crook Sons ADDRESS 1906 N. Broadway

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. If any question is not applicable, a dash should be written. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

194762
13488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 70-6 WARD)

REGISTERED NO. 13488

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Friedman

(a) RESIDENCE NO. 506 S-Pulaski ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Max Friedman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose Zimmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records -
(Address)

15 JOHNS HOPKINS HOSPITAL
AUG 22 1926 C. HAMPSON JONES, M.D. Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 16 1926 to Aug 20 1926.

that I last saw h alive on Aug 20 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Entero - Colitis (not dysentery)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab & Clinical

(Signed) Dudley C Ashton M. D.

Aug 22 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rebecca Mosh Rd

DATE OF BURIAL: 8/22 1926

20 UNDERTAKER: Jack Levin 1129 E Balto St

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13489 E 13490

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 N. Liberty St. W. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Weishaupl.

(a) RESIDENCE NO. Philadelphia Rd. Stemmers Run. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, HUSBAND of Ida M. Weishaupl.

6 DATE OF BIRTH (month, day, and year) April 6, 1884.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Buffalo, N.Y.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Ida M. Weishaupl. (wife)

(Address) Stemmers Run.

15 Filed AUG 22 1926 C. HAMPSON JONES, M. D. Registrar

Reg.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Leuchardt M. D. (Coroner)

8/21 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Lutheran Cemetery Date of Burial Aug. 23 1926

20 UNDERTAKER Fred'k Lassahn & Son ADDRESS Fullerton

AUG 22 1926

Cor.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DISEASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13490

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 13490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Graceland Park

City of BALTIMORE: (No. Fifth ave Maxwell ave St., 10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary a Cwalina

(a) RESIDENCE NO. Fifth ave Maxwell ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Pittsburgh

(State or country) Balto county

PARENTS

10 NAME OF FATHER Ignatius B Cwalina

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Helen Przybyszewska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto md

14 Informant Mrs J B Cwalina

(Address) Fifth ave Maxwell Ave

15 Filed AUG 22 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 8/22/26

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 19 26 to Aug 21, 19 26

that I last saw h.. alive on Aug 20, 19 26

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Nathan Hellman, M. D.

19 (Address) 1510 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary cem — Date of Burial: Aug 22 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank st

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... OF DEATH in plain terms, so that it may be properly classified. Exact statement ... very important. ... instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13491

E 13491

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals Ward)

2-FULL NAME Max Silverman

(a) RESIDENCE NO. 1226 St Mathews St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7. 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Tailoring

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Silverman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Friedman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Morris Silverman

(Address) 1023 E Fayette

15 Filed C. HAMPSON JONES, M. D. Registrar

AUG 21 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8, 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Inflicting Wound of Neck with Razor Jugular Vein including Larynx (duration) .....yrs. .....mos. 4 hrs

CONTRIBUTORY (Secondary) Homicide Wilful Suicide (duration) .....yrs. .....mos. 4 hrs

(Signed) James M. Kerr M. D. (Coroner)

8.21.26 (Address) 100 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) In the

At place of death yrs. 2 mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balto City Hospitals for Insane

Former or usual residence 1226 St Mathews

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Aug 24 1926

ADDRESS

20 UNDERTAKER S Herman Bernstein

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13492

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 Longwood ST. 16-1 WARD)

2-FULL NAME Hermine Schaefer

(a) RESIDENCE NO. 1160 Longwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Schaefer

6 DATE OF BIRTH (month, day, and year) Sept. 14th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles F. Struth

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Freda Strutt

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Miss Hilda Schaefer
(Address) 1160 Longwood Street

15 Filed AUG 29 1926 . 19 ..... C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21st 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 . 1926 . to Aug 21 . 1926.
that I last saw her alive on Aug 21. . 1926.
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Palpation Exam & Digital

(Signed) C. H. Jones, M. D.

. 19 (Address) 2439 N. Charles Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery.	Aug 24th 19 26

20 UNDERTAKER Frank B Cole ADDRESS 1003 N Calvert St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13493
194119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 65-09 E 13493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Hatcher

(a) RESIDENCE NO. Essex & Plain ST., Blvd WARD
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S., if of foreign birth? — yrs. 7 mos. — ds.
(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Hatcher

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER George Hatcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Victoria Davidson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1926

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1926, to Aug 21, 1926, that I last saw h[illegible] alive on Aug 21, 1926, and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

Myeloid leukemia

(duration) 3(?) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. P. Wald M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashland Kentucky	Aug 23, 1926.
UNDERTAKER Richard F. Curley	ADDRESS 1808 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13494

CERTIFICATE OF DEATH.

X 74 E 13494

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Hotel St. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr William Paul John Murray

(a) RESIDENCE. No. 876 N. 22nd Phila Pa ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. one ds. How long in U. S., if of foreign birth? yrs mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2nd 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cresson Pa.

PARENTS

10 NAME OF FATHER Dennis Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Ethel G. Corse (Address) 2326 E. Hoffman st.

15 Filed AUG 23 1926 19 C. HAMPSON JONES, Registrar By GHC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from 21 Aug, 1926, to 21 Aug, 1926, that I last saw him alive on 21 Aug, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ✓ yrs. ✓ mos. one ds.

CONTRIBUTORY (Secondary) (duration) yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? B.P. 260/140

(Signed) Horace W. Beyler, M. D.

21 Aug 1926 (Address) 214 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cresson, Pennsylvania	Aug 23rd 1926
20 UNDERTAKER	ADDRESS, 339
E. Schloman & Son	Penovers

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13495

CERTIFICATE OF DEATH.

3/E 13495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 2-2 WARD)

2-FULL NAME Bernard G. Suess

(a) RESIDENCE NO. Bethal & Alicanna sts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Suess

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Amelia Wyszkowski

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Hospital Records
(Address)

15 Filed AUG 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1925, to Aug. 19, 1926, that I last saw him alive on Aug. 19, 1926, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. C. Mattews, M. D.

8-20-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL D. Sacred Heart

DATE OF BURIAL 8/23 1926

20 UNDERTAKER J. J. Fahey Sons

ADDRESS 1318 Lightst

Spec.—12-9-25—A Co.—200 Bks.

E 13496

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 13496

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 323 S Chester St., 1-1 Ward)

2-FULL NAME Florian Racinski

(a) RESIDENCE NO. 323 S Chester St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 2 - 26

7 AGE: Years ___ Months 5 Days 18 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) .....

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanislaus

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Nitkiewicz

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Baltimore

14 Informant Mrs Nitkiewicz

(Address) 323 S Chester St

C. HAMPSON JONES, M. D.

Registrar

AUG 23 1926 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/14, 1926 to 8/21, 1926

that I last saw h[illegible] alive on 8/21, 1926

and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows: Acute Ileo Colitis

(causative agent if determined)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. J. Jones, M. D.

Aug 23 1926 (Address) 3325 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Aug 23 1926

Date of Burial

20 UNDERTAKER: J. W. Ozgzenski

ADDRESS 1930 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13497

CERTIFICATE OF DEATH.

1003 / 188 E 13497

REGISTERED NO.

1-PLACE OF DEATH Removed dead at

City of BALTIMORE: (No. 208 City Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sufczynski

(a) RESIDENCE NO. 215 S Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sufczynski

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Copper Co

(c) Name of employer Balto Copper Co

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Sufczynski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Catherine Mazur

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant John Sufczynski

(Address) 1265 Chappel St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

AUG 23 1926 By GPK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Liver automobile accident while walking across street

(duration) yrs. mos. days

CONTRIBUTORY (Secondary) Internal Hemorrhage

(duration) yrs. two hours

(Signed) James M Denton M. D. (Coroner)

8-22-1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Aug 24 1926

20 UNDERTAKER J. W. Ozazdurski ADDRESS 1930 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13498

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1202 Rutter ST., 11-1 WARD)

2-FULL NAME Tillman Reed

(a) RESIDENCE NO. 1202 Rutter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md

PARENTS

10 NAME OF FATHER Charles Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lizzie Emily

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Samuel Lott

(Address) 1202 Rutter St

15 Filed AUG 23 1926 C. HAMPTON JONES, M. D. Registrar

Per 242

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-22- 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8th, 1926, to Aug. 22, 1926.

that I last saw him alive on Aug 21st, 1926.

and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. H. Williams M. D.

, 19 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Aug 23/926

20 UNDERTAKER Daniel Earm

ADDRESS 916 Pa Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 13499 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 113 E 13499

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 W. Hoffman St., 17-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernestine Scott

(a) RESIDENCE NO. 535 W. Hoffman St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country)

PARENTS

10 NAME OF FATHER James Williams

11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country)

12 MAIDEN NAME OF MOTHER Estella Scott

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Estella Scott
(Address) 525 S. Bouldin St

15 Filed AUG 23 1926 C. HAMPSON JONES, M.
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7th, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Otis-Colitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Kennedy, M. D.
(Coroner.)
8/24, 1926 (Address) 230 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Aug 23/26
20 UNDERTAKER Daniel Carbin	ADDRESS 916 Pine

N. B.—WHITE PRINTED, WITH CAPITAL LETTERS, ALL INFORMATION SHOULD BE STATED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

1926 E 13500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr Ward Ded

176 E 13500

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boy Reed

(a) RESIDENCE NO. 10 36 Park Ave St., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 14/926

7 AGE — Years — Months — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER Archie Reid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER Annie Carrol

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

14 Informant: Friends —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 23 1926 19 C. HAMPSON JONES, M. D. Registrar.
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926, to Aug 21, 1926, that I last saw him alive on Aug 21, 1926, and that death occurred, on the date stated above, at 1 20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Aug 15, 1926 Infected Umbilical Cord

Was there an autopsy? Yes

What test confirmed diagnosis? Post mortem

(Signed) Dudley R. Ashton, M. D.

Aug 22 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — DATE OF BURIAL: Aug 23 1926

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13301 HEALT[illegible]—CITY OF BALTIMORE 129 E 13501

[illegible]FICATE OF DEATH.

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 435 W. Biddle ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Collins

(a) RESIDENCE NO. 435 W. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boot black

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Cty, Md

PARENTS

10 NAME OF FATHER Jos. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Veronica Wesley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Martha Collins

(Address) 435 W. Biddle St

Filed AUG 23 1926 C. HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1926, to Aug. 20, 1926, that I last saw him alive on Aug. 20, 1926, and that death occurred, on the date stated above, at 11:45 P.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis -6 months

Uremic Coma-3 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rueslowin Bur

DATE OF BURIAL Aug 23 1926

20 UNDERTAKER Daniel Carbon

ADDRESS 916 Pa Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13502

CERTIFICATE OF DEATH.

E 13502

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH The Church Home & Infirmary

City of BALTIMORE: (No. The Church Home St. H-3 Ward)

2-FULL NAME Mrs Harriet Cameron

(a) RESIDENCE NO. 4328 E Eager St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Cameron

6 DATE OF BIRTH (month, day, and year) Oct 1 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md

PARENTS

10 NAME OF FATHER W H Stiffler

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte McElroy

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Harris Cameron

(Address) 4328 E Eager St

15 Filed AUG 23 1926 G. HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 August 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1926, to August 21, 1926, that I last saw h.e.r. alive on August 21, 1926, and that death occurred, on the date stated above, at 5.25 p. m.

The CAUSE OF DEATH* was as follows:

Chole cystitis Chronic

Chole Lithiasis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY Chole Cho Lithiasis

(Secondary)

(duration) yrs. 14 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of August 21, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry U. P. Wilson, Jr. M. D., M. D.

19 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lucas — Date of Burial aug 24 1926

20 UNDERTAKER E LeRoy Stiffler — ADDRESS 1255 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13503

CERTIFICATE OF DEATH.

15 ME 13503

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Francis Convent (St.) 101 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sr Mary Bernard Atkins.

(Residence in Baltimore: No. Forrest & Chase St. St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (Write the word.)

6-DATE OF BIRTH, 9 (Month) 25 (Day), 1842 (Year)

7-AGE, 83 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Washington D. C

PARENTS.

10-NAME OF FATHER, David Atkins

11-BIRTHPLACE OF FATHER (State or Country), Washington D. C

12-MAIDEN NAME OF MOTHER Matilda Dyer

13-BIRTHPLACE OF MOTHER (State or Country), Washington D. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Francis Convent

(Address) Forest & Chase st.

15-

Filed AUG 23 1926 C. HAMPSON JONES, M. D., Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 20 (Day), 1926. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1926, to Aug. 20 1926, that I saw her alive on Aug. 20 1926, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Mary F. Voegtlen M. D.

8.22., 1926 (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Cathedral — DATE OF BURIAL, aug 23 1926

20-UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Eastland

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13504

CERTIFICATE OF DEATH.

161-00 E 13504

1-PLACE OF DEATH

City of BALTIMORE: (No. 3157 Cedar Ave. 13-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eduard Bisely Jr

(a) RESIDENCE NO. 3157 Cedar ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 11 1926

7 AGE: Years | Months: 3 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER Eduard Bisely

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Ruth Foster

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Ruth Foster

(Address) 3157 Cedar Ave.

15 Filed ..... 19 .....

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1926, to Aug 22, 1926

that I last saw h.. alive on Aug 22 1926

and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature birth 7 month Chd

(durntion) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A Cain, M. D.

, 19 (Address) 612 N Fork Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hempstead Date of Burial Aug 23 19 26

20 UNDERTAKER: Chenowith & Son ADDRESS 3617 Chestnut Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

AUG 23 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13505

CERTIFICATE OF DEATH.

161-001 E 13505

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St., 7-1 Ward)

2-FULL NAME Benjamin E. Bright.

(a) RESIDENCE NO. Chestertown Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 20, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	----------		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General natnre of indnstry, bnsiness, or establishment in which emploved (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Chestertown, Md.

PARENTS

10 NAME OF FATHER William E. Bright.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Chestertown. Md.

12 MAIDEN NAME OF MOTHER Elva Jarman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Chestertown. Md.

14 Informant William E. Bright, (father)

(Address) Chestertown, Md.

Filed ... 19 C. HAMILTON JONES, M. D.

Registrar

AUG 23 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natnre of Injnry, and (2) Whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Chestertown, Md. August 20, 1926.

Former or usnal residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camden Del. Date of Burial Aug. 27 1926

20 UNDERTAKER Wm. E. Black ADDRESS 927 N. Broadway

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13506 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13506

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Evergreen Place ST. 47-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Louis Delker

(a) RESIDENCE NO. 8 Evergreen Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 28th 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hochschild- Kohn

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles M. Delker

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Easter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Charles M. Delker

(Address) 8 Evergreen Place

15 Filed AUG 23 1926 C. [illegible] JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August, 21st 1926

17

I HEREBY CERTIFY, That I attended deceased from September 4. 1925 August 21 1926,

that I last saw him alive on August 21 1926,

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tubercolosis

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1425 washington blvd

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) L. J. May Hosp M. D.

8/23. 1926 (Address) 729 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Aug. 24 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Gay St.

MARGIN RESERVED FOR BINDING

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-E 13507

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Ellamont ST.; 16-1 WARD)

2-FULL NAME Alice Frances Durham

(a) RESIDENCE. No. 1610 Ellamont ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter B. Durham

6 DATE OF BIRTH (month, day, and year) July 19th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. Grace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Borrman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Walter B Durham
(Address) 1610 Ellamont Ave

15 Filed AUG 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1925, to Aug. 20th, 1926, that I last saw her alive on Aug. 20th, 1926, and that death occurred, on the date stated above, at 2.00a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1/2 hr.

CONTRIBUTORY (Secondary) Emphysema & Toxic Goitre

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Edgar Fay, M. D.

8 20 1926 (Address) 2919 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 23rd 1926

UNDERTAKER: Josiah Seyfer — ADDRESS: 1600 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 13508 Spec. 3-29-26—B.R.S.—400 Bks.

E 13508

122-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 Argyle ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Washington Matthews

(a) Residence No. 1124 Argyle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katye Weedon

6-DATE OF BIRTH (month, day and year) June 7, 1872

7-AGE. 54 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mother Lubr

9-BIRTHPLACE (city or town) (State or Country), Cockeysville Md

PARENTS.

10-NAME OF FATHER, Wm W Matthews

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Talbot Co

12-MAIDEN NAME OF MOTHER, Mary M Bailey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Talbot Co

14- (Informant) Mary E Matthews

(Address) 1124 Argyle ave

AUG 23 1926

C. HAMPSON JONES, Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 21, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 30, 1926 to Aug 21, 1926

that I last saw h alive on Aug 21, 1926

and that death occurred, on the date stated above, at 8-40 P. M.

The CAUSE OF DEATH* was as follows:

Hepatic Cirhosis non Specific (Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Wm H Wright M. D.

Aug 22, 1926 (Address) 1209 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Dentonia — DATE OF BURIAL, Aug 24 1926

20-UNDERTAKER, M. E. Mills & Howard — ADDRESS 406 W Conway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 13509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13509

113

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1045 N. Mount ST. 166 WARD)

2-FULL NAME Nathaniel Price

(a) RESIDENCE NO 1045 N. Mount ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. x mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 19-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Nellie Price

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Elizabeth Abrams

(Address) 1041 N. Mount St.

15 Filed AUG 23 1926 C. HAMPSON JONES, Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) ..... yrs. ..... mos. 14 ..... ds.

CONTRIBUTORY (Secondary) no other history.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Hennessy, M. D. (Coroner.)

8/24, 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 23 1926

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1437 Carey

WARNING! WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 13510 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13510

CERTIFICATE OF DEATH. +90

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 261 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles D espinola

(a) RESIDENCE NO. Philadelphia & Wolfe Sts WARD Rosedale

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Alex D espinola

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospitals Records (Address)

15 Filed AUG 23 1926 C. HAMPSON JONES, Registrar Per GKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to Aug. 20, 1926 that I last saw him alive on Aug. 20, 1926 and that death occurred, on the date stated above, at 3:55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Lab

(Signed) C. Holmes Berg, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Aug 23 1926

20 UNDERTAKER Robt J Turner Sr & Jr — ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 13511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13511

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Sargeant ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brady

(a) RESIDENCE NO. 1313 Sargeant ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Brady

6 DATE OF BIRTH (month, day, and year): Aug 26, 1866

7 AGE: Years 71 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer): — — 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Conrad Brady

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: C. W. Brady

(Address): 1313 Sargeant

15 AUG 23 1926

C. HAMPTON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926 to Aug 20 1926

that I last saw him alive on Aug 19 1926

and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary): Senility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John F. Lowenburg M. D.

(Address) 1 E. Newton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Aug 23 1926

20 UNDERTAKER: F. A. Hanna ADDRESS: 703 Madison

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13512

CERTIFICATE OF DEATH.

78 E 13512

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital. St. 15-12 Ward)

2-FULL NAME Samuel Shapiro.

(a) RESIDENCE NO. 2013 Westwood Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 10, 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Shapiro.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Annie Abrams.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant William Shapiro. (father)

(Address) 2013 Westwood Ave.

Filed AUG 23 1926 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 23, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.
Eclampsia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

8/23 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death? 2013 Westwood Ave. August 22, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm. Southern Ave. Date of Burial 8/23 1926

20 UNDERTAKER J. Lemmon & Bro ADDRESS 1127 E Balto st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—12-9-25—A Co.—200 Bks.

E 13513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13513

91-002

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 W. Monument St. 11-2 Ward)

2-FULL NAME Eliza Adelaide Harrison

(a) RESIDENCE NO. 216 W. Monument St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12 - 1847

7 AGE: Years 79 | Months 7 | Days 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Benjamin F. Harrison

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth A. Jenkins

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Dr. Chas. O'Donovan

(Address) 5 E. Read St.

Filed AUG 23 1926 HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 19..., to Aug 22, 19..., that I last saw h... alive on Aug 22, 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Uterine Sarcoma - Senile

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____, M. D.

23, 19... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Aug 24 1926

20 UNDERTAKER: Chas. H. Grouet Son — ADDRESS: 1181 W. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

E 13514 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13514

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., 43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James C. Connell

(a) RESIDENCE NO. 1445 Homestead st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1853 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stonecutter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Phillip Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Healy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address)

15 Filed AUG 23 1926 C. HARRISON Jones Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to Aug. 21, 1926, that I last saw him alive on Aug. 21, 1926, and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. E. Sutton, M. D.

8-21 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	Aug 24 1926
20 UNDERTAKER	ADDRESS
John F. Cowan & Son Per F. J. Cowan	701 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13515

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 N Woodyear St. WARD) 11-2

2-FULL NAME Mary E Moran

(a) RESIDENCE NO. 342 N Woodyear St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James E Connell

6 DATE OF BIRTH (month, day, and year): Unknown, 1870

7 AGE: Years 56 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Geo Shields

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Thos Shorter

(Address) 342 N Woodyear St

15 Filed AUG 23 1926 C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1926, to August 22, 1926, that I last saw h alive on August 22, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Theodore Dorsey M. D.

, 19 (Address) 1327 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Aug 24, 1926

20 UNDERTAKER: Wm E J Cowan

ADDRESS: 901 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13516

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 S Kenwood Ave ST., 1 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Macek

(a) RESIDENCE NO. 920 S Kenwood Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. — mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1859 - Mar 20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milk Dairy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jacob Macek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Macek

(Address) 920 S. Kenwood Ave

AUG 23 1926 C. HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1926

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to Aug. 21, 1926, that I last saw him alive on Aug 20, 1926, and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 1627 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL Aug 24 1926

20 UNDERTAKER Stephen J Gialkowski — ADDRESS 600 S Kenwood Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13517

CERTIFICATE OF DEATH.

E 13517

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 823 St.Paul St. St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena P.Hess.

(a) RESIDENCE NO. 823 St.Paul St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed or divorced (or) WIFE of Henry Hess.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Joshua J.Potter.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Lillie F.Hardy.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina.

14 Informant James B.Potter.(brother)

(Address) 823 St.Paul St.

Filed AUG 23 1926 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Leonhardt M. D. (Coroner)

8/28 1926 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL SNOW HILL N.C. VIA BAY LINE RR. Date of Burial Aug 23 1926

20 UNDERTAKER John G. Denny ADDRESS 715 Light St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13518

CERTIFICATE OF DEATH.

129 ✓ E 13518

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 Sapp St. 5-2 Ward)

2-FULL NAME John Gail Gale (GSA) 8-30-26

(a) RESIDENCE NO. 503 Sapp St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Gale (GSA-8-30-26)

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset Co. Md. 95A

(State or country)

PARENTS

10 NAME OF FATHER ~~Somerset Co. Md~~ John Gale

11 BIRTHPLACE OF FATHER (city or town) USA

(State or country) Unk

12 MAIDEN NAME OF MOTHER Elizabeth Randy GSA

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) MD USA Unk 8-30-26

14 Informant Josephine Gale

(Address) 503 Sapp St.

Filed AUG 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 20, 1926

that I last saw him alive on Aug 20, 1926,

and that death occurred, on the date stated above, at HQ m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Chronic Myocard[illegible]

(duration) 3 yrs. mos. ds.

CONTRIBUTORY Bronchial pneumonia

(Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. L. Dallam M. D.

Aug 20 1926 (Address) 508 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine of National Cem. Date of Burial 8/30/26

20 UNDERTAKER ADDRESS

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Eve[illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS [illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP[illegible] very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

16 E 13519

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 Bruce St., 15-13 Ward)

2-FULL NAME Baby Girl Parnell

(a) Residence No. 1420 Bruce St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 18, 1926

7-AGE. ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)..... do

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wilson Parnell

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Gertrude Norris

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14-

(Informant)..Gertrude Parnell

(Address)..1420 Bruce St. Balto. Md.

15-

Filed....., 192.. C. HAMPSON JONES, M. D.

Registrar.

Per.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 20, 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1926 to Aug. 20, 1926

that I last saw her alive on Aug. 20, 1926

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Prematurity

.....(Duration)....yrs....mos....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Margaret B. Ballard M. D.

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER, | ADDRESS

NO. 25. WHITE PAPER, WITH ONE RULING INK. THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13520

CERTIFICATE OF DEATH.

16-001 E 13520

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 Sharp St. 721 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Isaac & Martha Johnson

(a) RESIDENCE NO. 1028 Sharp St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): aug 20 '26

7 AGE: Years — Months — Days — IF LESS than 1 day ... hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Isaac Johnson

11 BIRTHPLACE OF FATHER (city or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Martha Waddy

13 BIRTHPLACE OF MOTHER (city or town): Virginia

(State or country)

14 Informant: Martha Johnson

(Address) 1028 Sharp St

Filed AUG 23 1926, 19__ THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug 20

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Aug 20, 1926, that I last saw h.. alive on Aug 20, 1926, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Premature Delivery (about 6 mos)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of ...

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D. H. Carroll, M. D.

8/24, 1926 (Address) 805 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial AUG 21 1926

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

Pvt. Dis. 2 Months

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13521

CERTIFICATE OF DEATH.

194

E 13521

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 Walton St. 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Fox

(a) RESIDENCE NO. 1015 Walton St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
about 45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) in family

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Fox

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) unknown

14 Informant unknown

(Address)

15 Filed ..... 19 .....

C. KAMPSON JONES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) found that said deceased came to then death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Exhaustion & Ruth alcoholism

(duration) ..... yrs. suddenly mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ? mos. ..... ds.

(Signed) James M Fenton M. D.

(Coroner)

8/14, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every [illegible] of [illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP[illegible] is very important. See instructions on back of certificate.

AUG 23 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13522

CERTIFICATE OF DEATH.

182 E 13522

1-PLACE OF DEATH Found in harbor at Foot of Fell St 2-3

City of BALTIMORE: (No. _____ St. _____ Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years: about 56 | Months: | Days: | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Probably Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: 0

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 [illegible] 1926 C. HAMPSON JONES, M. D.

Registrar.

Per RHH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Drowning

..... (duration) ..... yrs. Sudden mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.

(Coroner)

8/20 1926 (Address) Town Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

UNIVERSITY OF MARYLAND

20 UNDERTAKER — ADDRESS

AUG 23 1926

AUG 20 1926

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

AUG 23 1926

27

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13523

CERTIFICATE OF DEATH.

E 13523

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement as to OCCUPATION is very important. See Instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Gen. Hospital (ST.) 23-1 (WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ella Crowley

(a) RESIDENCE NO. 178 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant.

(b) General nature of industry, business, or establishment in which employed (or employer) XXXXX

(c) Name of employer XXXXX

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Crowley

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachael Bruehl

13 BIRTHPLACE OF MOTHER (city or town) Glencoe (State or country) Md.

14 Informant Wm. Crowley

(Address) 178 W. Cross St. Balto. Md.

15 Filed AUG 23 1926 C. HAMPSON JONES, M. D. Registrar

By ARW

0392

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 26 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926, to Aug. 14/26, 19, that I last saw her alive on Aug. 14 1926, 19, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(seven Months Gestation)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? XXXX

Did an operation precede death? no Date of XXX

Was there an autopsy? no

What test confirmed diagnosis? History & size

(Signed) James E. Peterman, M. D.

, 19 (Address) 1228 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13524

CERTIFICATE OF DEATH.

3 E 13524

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 22-7 WARD)

2-FULL NAME Joseph Davis

(a) RESIDENCE NO. Friendly Inn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should be stated EXACTLY. Exact statement of ... CAUSE OF DEATH in plain terms, so that it may be properly classified. ... PATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lizzie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 AUG 29 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 10, 19 26, to Aug. 19, 19 26,

that I last saw him alive on Aug. 19, 19 26,

and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W.E. Gatteus, M. D.

8-19-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13525 ✓ 167 E 13525

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. University Hospital 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Metcalf

(a) Residence No. 1413 Hollins St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 20, 1926

7-AGE. .....yrs. .....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. George W. Metcalf

11-BIRTHPLACE OF FATHER (city or town). Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER. Ethel May Matthews

13-BIRTHPLACE OF MOTHER (city or town). Baltimore (State or Country), Maryland

14- (Informant). Mrs. Matthews

(Address). 1413 Hollins St.

15- C. HAMPSON JONES, M. D. Registrar.

AUG 23 1926 Per ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 21, 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1926 to Aug 21 1926 that I last saw h. alive on Aug 21, 1926 and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

.....(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Maternal Eclampsia

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis?.....

(Signed) Margaret B. Ballard M. D.

....., 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... In plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13526

CERTIFICATE OF DEATH.

161-001 E 13526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Garrison Lane ST.) (23 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Moerbeu

(a) RESIDENCE. No. 408 Garrison Lane ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 hr yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 21, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none (dau)

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jack Newton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Moerbeu

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carrie Moerbeu
(Address) 408 Garrison Lane

15 Filed ..... 19 .....

AUG 23 1926 C. HAMPSON JONES, M. D. Registrar.

By ..... Pro MPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1926, to Aug. 22, 1926, that I last saw h.. alive on Aug. 22, 1926, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? NO.

What test confirmed diagnosis? Clinical

(Signed) Dr. T. Hennessy, M. D.

Aug 23 1926 (Address) 502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU... TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13527

CERTIFICATE OF DEATH.

10 E 13527

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST. 25-b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose George

(a) RESIDENCE NO. Camps at Wonderland Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Approximately		18		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Steven George

11 BIRTHPLACE OF FATHER (City or town) (State or country) San Francisco

12 MAIDEN NAME OF MOTHER ? Wuinovitch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Oklahoma

14 Informant (Address) Steven George Wonderland Park

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

Fee —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1926, to Aug 21, 1926, that I last saw her alive on Aug 21, 1926 and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Posit. K. L. Culture

(Signed) Myron G. Tull, M. D.

8/23 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 1946 20 13528

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 13528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 244-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ricker

(a) RESIDENCE NO. 458 Battery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Ricker

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Ricker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Edna Meller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 23 1926 G. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 22, 1926

that I last saw him alive on Aug 22, 1926

and that death occurred, on the date stated above, at 2.08 A m.

The CAUSE OF DEATH* was as follows:

A severe case of chronic nephritis, nitrogen retention, acidosis and uraemic symptoms.

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Insidious onset.

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Blood chemistry.

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 8/24 1926

20 UNDERTAKER C. C. Fanning & Son

ADDRESS 1460 Battery Ave

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 13529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13529

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Lloyd Ave West or Litchfield ST. 7-8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Scholle

(a) RESIDENCE No. 3911 Lloyd ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Frederick Scholle

6 DATE OF BIRTH (month, day, and year) Nov 1 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Kurt Krauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Miss Katherine Scholle

(Address) 3911 Lloyd ave

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to Aug 21, 1926,

that I last saw h e alive on August 18, 1926,

and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Cardiosclerosis

unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Senile degeneration

unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Milton P. Weil, M. D.

, 19 (Address) Ingleside Residential Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Aug 25 1926

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. Fourth ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 23 1926

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13530

13530

CERTIFICATE OF DEATH.

REGISTERED NO. 13530

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Cooper

(a) RESIDENCE No. 409 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Cooper

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Stephen Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 AUG 23 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1926 to Aug. 20, 1926

that I last saw h. alive on Aug. 20, 1926

and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Pulmonary Hemorrhage.

(See Over)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General a lone

(Signed) C. Hampson Jones M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Aug 24 1926

20 UNDERTAKER Chas H. Bailey — ADDRESS Lafayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYS... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13531

E 13531

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1300 Dellwood Ave. St. 13-3 Ward)

2-FULL NAME Henry E. Lewis

(a) RESIDENCE NO. 1300 Dellwood Ave. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha E. Lewis

6 DATE OF BIRTH (month, day, and year): March 15-1852

7 AGE: Years 74 | Months 5 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hostler 624

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 3 years

(c) Name of employer: Pennsylvania R.R.

9 BIRTHPLACE (city or town): Baltimore Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: John H. Lewis

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susie Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs Martha E. Lewis

(Address): 1300 Dellwood Ave

G 23 1926 C. HAMPSON JONES, M. D. Registrar

Pct. 20th

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21. 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1926, to Aug 21st, 1926, that I last saw him alive on Aug 21st, 1926, and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary): Worked Obscurely - Senility.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H. A. Lilienthal M. D.

8/23 1926 (Address) 1517 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Manje Hampden — Date of Burial: Aug 24 1926

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd

WARNING.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

(Pulczynska)

HEALTH DEPARTMENT—CITY OF BALTIMORE

13532

CERTIFICATE OF DEATH.

74-001 E 13532

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 1-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pulczynska

(a) RESIDENCE NO. 1625 Shakespeare ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 33 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walenty Pulczynski

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years: 65; Months: ; Days: ; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooker

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Phillip Stanaski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: City Hospital Records

(Address)

15 AUG 31 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1926, to Aug. 22, 1926

that I last saw h alive on Aug. 22, 1926

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Hemoplegia - Apo.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General - Lab

(Signed) C. Hampson Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus. DATE OF BURIAL: Aug. 25 - 1926,

20 UNDERTAKER: M. F. Sadowski. ADDRESS: 905 S. Ann

G 23 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13533 E 13533

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH IDA STRYCHASZ

REGISTERED NO._____

City of BALTIMORE: (No. 507 S Washington St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Stryhacz

(a) RESIDENCE NO. 507 S Washington St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Stryhacz

6 DATE OF BIRTH (month, day, and year) Nov 15 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James Dzimbek

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Agatha Pietraszek

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs Wolinski
(Address) 216 S Wolfe St

G 23 1926 C. HAMPSON JONES, M. D.
Registrar
Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ____ yrs. 10 mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Kemler M. D.
(Coroner)

8 13, 1926 (Address) 702 Chanes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus aug 26 1926

20 UNDERTAKER — ADDRESS

John McWeeney 1803 Bank St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13534 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 13534 ✓

51

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 McCulloh ST. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Crampton

(a) RESIDENCE NO. 1806 McCulloh St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE — Years: 59 — Months: — — Days: — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Lewis Crampton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sallie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Harry F. Brown (Address) 1916 Penna ave

15 Filed AUG 24 1926 C. HAMPSON JONES, M.D. Registrar

Per G H G

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1926 to Aug 22 1926, that I last saw h alive on Aug 21 1926, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Low Blood Pressure

(duration) yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism (duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Nottingham

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

8/22 1926 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parnesville Md — DATE OF BURIAL: Aug 24 26

UNDERTAKER: Samuel T Hemsley — ADDRESS 978 N Eddelt

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13535

CERTIFICATE OF DEATH.

124 E 13535

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 4103 Forest Park Ave. St. 15-1 Ward)

2-FULL NAME Margaret Schultheis.

(a) RESIDENCE NO. 4103 Forest Park Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Widow.

5a If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of: Frederick Schultheis.

6 DATE OF BIRTH (month, day, and year): April 5 1837

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
89	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): _____

(State or country): Germany.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany.

14 Informant: Marguerite Stail Schneider

(Address): 4103 Forest Park Ave

15 Filed AUG 24 1926 C. EMMETT JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Aug 23 - 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 19 26, to Aug 23, 19 26, that I last saw h.. alive on Aug 22, 19 26, and that death occurred, on the date stated above, at 12.40 A.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Mitral Regurgitation

Ch. Interstitial Nephritis.

(duration) 8 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Pulmonary edema

(duration) ___ yrs. ___ mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual Laboratory.

(Signed) Geo A Evans, M. D.

8/25, 19 26 (Address) 1800 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial Aug 25 19 26

20 UNDERTAKER: F B Whitfield ADDRESS 1850 N Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13536

CERTIFICATE OF DEATH.

E 13536

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2507 Dulaney St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. A. Schuenfeld

(a) RESIDENCE NO. 2507 Dulaney St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Schuenfeld

6 DATE OF BIRTH (month, day, and year): Jan 17th 1871

7 AGE: Years 55 Months 8 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Painting Bus

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Christian Schuenfeld

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Dulaney

13 BIRTHPLACE OF MOTHER (city or town): Germantown

(State or country): Penna

14 Informant: Sarah J. Schuenfeld

(Address) 2507 Dulaney St.

Filed Aug 24 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1926, to Aug 23 1926, that I last saw him alive on Aug 22 1926, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1729 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: Aug 27 1926

UNDERTAKER: H. B. Wiesepiet

ADDRESS: 850 N. Bethel St.

AUG 24 1926

B. WHITE PAPER, WITH UNDERTAKER'S RETURN, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 90 E 13537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E 22nd St. ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur F. Mohrlein

(a) RESIDENCE No. 766 E 22nd St. ST., WARD

(Usual place of abode) (Patient Sepsis 2nd)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fannie Mohrlein

6 DATE OF BIRTH (month, day, and year) July 16 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Caspar Mohrlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fanny Worthington (Address)

15 Filed AUG 24 1926 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Aug 23, 1926, that I last saw h alive on ....., 19..., and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Cardiac Insufficiency

(duration) yrs. — mos 1 da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

8/25, 1926 (Address) 1180 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Perryville Md — DATE OF BURIAL Aug 26 1926

20 UNDERTAKER Pennington Bros — ADDRESS 1 E Northern

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13538

CERTIFICATE OF DEATH.

E 13538

90

REGISTERED NO._____

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 173 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Harrison

(a) RESIDENCE NO. 606 W. Mulberry St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) South Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) South Carolina

14 Informant City Hospital Records

(Address)

15 Filed _____ G. HAMPSON JONES, M. D.

Registrar.

G 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 19 26

17

I HEREBY CERTIFY, That I attended deceased from October 19, 1920, to Aug. 22, 1926

that I last saw him alive on Aug 22, 1926

and that death occurred, on the date stated above, at 11.25 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

Mitral insufficiency

Arteriosclerosis

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY Bronchopneumonia

(Secondary)

(duration) ____ yrs. ____ mos. 5 ds.

18 Where was disease contracted ?

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Lab

(Signed) C. Hampson Jones M. D.

BALTIMORE CITY HOSPITALS (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem Date of Burial Aug 24 1926

20 UNDERTAKER Leonard Whalen ADDRESS 304 Myrtle ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 13539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13539

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Balt Gen. Hospital

City of BALTIMORE: (No. 1213 Light St. 8-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Albert Bishop

(a) RESIDENCE NO. 2109 Sinclair Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Margaret S. Bishop

6 DATE OF BIRTH (month, day, and year) Jan 14/64

7 AGE — Years: 62 — Months: 7 — Days: 8 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Police

(b) General nature of industry, business, or establishment in which employed (or employer): Western Dist

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Geo Bishop

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Margaret S. Bishop

(Address) 2109 Sinclair Lane

Filed AUG 24 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 9, 1926, to Aug 22, 1926

that I last saw h~~im~~ alive on Aug 22, 1926

and that death occurred, on the date stated above, at 2 ~~P.M.~~ a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff

Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hyp. Prostate

(duration) 5 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death!

Did an operation precede death! No Date of —

Was there an autopsy! No

What test confirmed diagnosis!

(Signed) J. S. Harding, M. D.

, 19 (Address) South Balt Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — Date of Burial 8/25 1926

20 UNDERTAKER: Philip Herring ADDRESS 2016 Orleans St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 13540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13540

CERTIFICATE OF DEATH.

75-00

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Coleman.

(a) RESIDENCE NO. 210 W. Lee St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Coleman.

6 DATE OF BIRTH (month, day, and year) Oct. 20th 1854

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	71	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boarding house

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Virginia

PARENTS

10 NAME OF FATHER John Coleman

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Donaldson

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Virginia

14 Informant City Hospitals Records

(Address)

C. HAMPSON JONES, M. D.

Registrar.

AUG 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to Aug. 22, 1926,

that I last saw h. alive on Aug. 22, 1926

and that death occurred, on the date stated above, at 5:00 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - left

arteriosclerosis

(duration) 4 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ___ yrs. ___ mos. 12 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of_____

Was there an autopsy? Yes

What test confirmed diagnosis? General appearance

(Signed) C. Wilbur Long, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Carmel Cemetery	Aug. 24 1926
20 UNDERTAKER Lilly & Zeiler	ADDRESS 4036 Wolfe St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13541

CERTIFICATE OF DEATH.

18-003

E 13541

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Jenkins

(a) RESIDENCE NO. 909 Bevan St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Marrid.

6a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Alice Jenkins.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Thomas C. Penn. (stepson)

(Address) 3619 Morley Ave.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By .....

AUG 24 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 August 21, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Walked into a moving automobile and thrown to the ground while crossing street, not at crossing. Accidental death.

(Duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. H. Jenkins M. D.

(Coroner)

8/24 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contrneted, if not at place of death?

Cross St between Hanover & Olive Sts.

Former or usual residence August 21, 1926.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bucdmans Date of Burial Aug 26 19

20 UNDERTAKER ADDRESS

Harman, 1102 Eutaw St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Length of residence in city or town where death occurred 70 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(Usual place of abode) (If non-resident give city or town and State)

(Duration) (duration) yrs. mos. ds.

(Signed) C. H. Jenkins M. D.

(Coroner)

8/24 1926 (Address) 1017 E. Charles St.

(Secondary

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13542

CERTIFICATE OF DEATH.

90 E 13542

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 4002 Wilson Ave. St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Stortz.

(a) RESIDENCE NO. 4002 Wilson Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 11, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet maker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Sylvester Stortz.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Louise Schmidt.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Franklin Stortz. (brother)

(Address) 512 Chestnut Hill Ave.

15 Filed _____ 19__ _____ Registrar

AUG 4 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Acute dilatation of the Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D.

(Coroner)

8/24/26 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mes....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial Aug 25 19 26

20 UNDERTAKER Geo. Cook & Son ADDRESS 1201 Eutaw Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13543

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E Pratt St ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Szczepiniak

(a) RESIDENCE. No. 2028 E Pratt St ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 12. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Wm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Zadel

(Address) 2028 E Pratt St

15 [illegible] C. HAMPSON JONES, M. D. Registrar

AUG 24 1926

P. M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20 1926, to Aug 22, 1926, that I last saw h im alive on Aug. 22, 1926, and that death occurred, on the date stated above, at 8 55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Abscess

Chronic Myocarditis & Endocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac S. Douglas, M. D.

8-23, 1926 (Address) 2002 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL Aug 25 1926

20 UNDERTAKER F. W. Ozazewski

ADDRESS 1930 Eastern Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 13544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13544

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hunt

(a) RESIDENCE NO. 769 George St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Hunt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Anna Finnegan

(Address) 769 George St

Filed AUG 24 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Alexander Bruce M. D.
(Coroner)

, 19 26 (Address) 3325 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial Aug 24 26

20 UNDERTAKER Samuel J. Hemsley ADDRESS 378 W. Baltimore St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13545

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 Edmondson Ave St., 17-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Vanderford

(a) RESIDENCE NO. 710 Edmondson Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Clarence Vanderford

6 DATE OF BIRTH (month, day, and year): 4-29-1878

7 AGE: Years 48; Months 3; Days 27; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Washington

(State or country) D. C.

PARENTS

10 NAME OF FATHER: William H. Wright

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Sears

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Clarence Vanderford

(Address) 710 Edmondson Ave

Filed: C. HAMPSON JONES, M. D.

Registrar

Pass

AUG 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-21 1926

17

I HEREBY CERTIFY, That I attended deceased from 2-17, 1926, to 8-21, 1926, that I last saw her alive on 8-20, 1926 and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

Metastasis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Feb

Was there an autopsy? No

What test confirmed diagnosis? Clinical-Path.

(Signed) H. L. Jackson M. D.

8/21, 1926 (Address) 806 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial Aug 24 1926

20 UNDERTAKER: Samuel Hensley ADDRESS 711 Ellicott

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 13546

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13546

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 823 N Dallas St. 1 Ward)

2-FULL NAME Sarah Dilbert

(a) RESIDENCE NO. 823 N Dallas St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 837 No Atty Records Living

(c) Name of employer

9 BIRTHPLACE (city or town) Portsmouth Va

(State or country)

PARENTS

10 NAME OF FATHER Harry Hodges

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER Louisa Jones Aug 24 1926

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va

14 Informant Mrs Dilbert

(Address) 823 N Dallas St

C. HAMPSON JONES, M. D.

City

AUG 24 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1926, to Aug 22, 1926, that I last saw alive on Aug 21, 1926, and that death occurred, on the date stated above, at 1 00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Rheumatic Endocarditis

(duration) ___ yrs. 6 mos. ___ ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo. S. Dallam, M. D.

(Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial 8/25 1926

20 UNDERTAKER Jos. H. Skinner ADDRESS 1605 E. Madison

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

E 13547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13547

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 762 W Saratoga St. 4-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Young

(a) RESIDENCE NO. 724 W Saratoga St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Young

6 DATE OF BIRTH (month, day, and year): Feby 24 1885 ?

7 AGE — Years: 41 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balt Md

PARENTS

10 NAME OF FATHER James Garner

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Clark

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Horace Garner

(Address) 692 N. Mulberry st

Filed AUG 24 1926 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Duration Unknown

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Hamil H Fisher M. D.

(Coroner)

, 192 , (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: 8/25 1926

20 UNDERTAKER: C. C. Wright 1364 N. Carey st Per J. W. Skinner — ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13548 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13548

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 W. University Parkway 43-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. Brown

(a) RESIDENCE No. 909 W. University Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Milholland

6 DATE OF BIRTH (month, day, and year) July 17, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	64	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 045

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Grocer

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Vachel J. Brown

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Cook

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Mary C. Brown
(Address) 909 W. University Parkway

15 Filed AUG 24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/16, 1926, to 8/22, 1926, that I last saw him alive on 8/22, 1926, and that death occurred, on the date stated above, at 8:10 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. S. Gilchrist M. D.

8/25, 1926 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	8/25 1926
20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	605 N Calvert

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13540

47

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Foot Hanover 23-2 ST., WARD)

2-FULL NAME Catharine Lyons

(a) RESIDENCE NO. Foot Hanover ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Lyons

6 DATE OF BIRTH (month, day, and year) 3/17/69

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Geo. Hyland

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ireland

12 MAIDEN NAME OF MOTHER Do. Not Known

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

14 Informant Joseph Lyons

(Address) Foot of Hanover St

15 Filed ..... 19 C. THOMPSON JONES, M. D. Registrar

Per .....

AUG 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1925 to Aug 23, 1926, that I last saw her alive on Aug 23, 1926, and that death occurred, on the date stated above, at 11.45A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Dont Know (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Metastasis to abdomen

Bronchio Pneumonia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Dec. 2, 1925

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris, M. D.

19 24, 19 26 (Address) 107 Eastwest St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	8 25 26
20 UNDERTAKER	ADDRESS
J J Doherty & Sons	1318 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SI... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

13550

HEALTH DEPARTMENT—CITY OF BALTIMORE

13550

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice Mulgrew

(a) RESIDENCE No. 1024 Eden St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Mulgrew

6 DATE OF BIRTH (month, day, and year) May 23. 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	22	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John W. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward Mulgrew (Address) Orchard Ave Harford Road

15 Filed 2 4 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-23 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-18 .1926. to 8-23 .1926.

that I last saw her alive on 8-23 .1926.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Endocarditis & Bronchopneumonia

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

8/23 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 27, 1926

20 UNDERTAKER Elmer W. Conklin

ADDRESS 924 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 13551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13551

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 N. Central Ave 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Plowman

(a) RESIDENCE NO. 1507 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Jan 8, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Stephen M. Plowman

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Simpert

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs Catherine V. Plowman
(Address) 1507 N. Central Ave

15 Filed AUG 24 1926, 19 C. HAMPSON JONES, M. D.
Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 19 26, to Aug 22, 19 26

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY, (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Aug. 25, 1926

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 924 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC- TION is very important See instructions on back of certificates.

Spec.—6-3-19—H. P. Co.—1000 Bks.

13552

HEALTH DEPARTMENT—CITY OF BALTIMORE

13552

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Ellwood St.: 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hughes

(a) RESIDENCE. NO. 1203 Ellwood ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Edward Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — —

14 Informant Othel Hughes
(Address) 1203 Ellwood St.

15 Filed AUG 24 1926 19 C. HAMPSON JONES, M. D. Registrar RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1923, to Aug 23, 1926, that I last saw him alive on Aug 22, 1926 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(durntion) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles A. Tinsley, M. D.

Aug 23 1926 (Address) 712 S Paca St Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL Aug 25 1926

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1503 Druid Hill Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13553

CERTIFICATE OF DEATH.

10-2 129E 13553

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. In front of 1522 E. Eager St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard L. Fitzpatrick.

(a) RESIDENCE NO. 1038 Aisquith St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 20, 1865.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hugh F. Fitzpatrick.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Riley.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Agnes Fitzpatrick. (sister)

(Address) 1038 Aisquith St.

Filed AUG 25 1926, 19 C. HARRISON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/24 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross Cemetery	Aug 27 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager st.

DO NOT WRITE IN THIS SPACE. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13554

CERTIFICATE OF DEATH.

46 E 13554

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 S. Robinson ST. 1-4 WARD)

2-FULL NAME Sarah J. Nunnemaker

(a) RESIDENCE NO. 1114 S. Robinson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6 DATE OF BIRTH (month, day, and year) May 30-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Alto, Pa. (State or country)

PARENTS

10 NAME OF FATHER David Shockey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Edward Bentz

(Address) 1114 S. Robinson St.

15 Filed AUG 25 1926, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1924, to Aug 22nd, 1926

that I last saw h alive on Aug 21st, 1926

and that death occurred, on the date stated above, at 11:45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. 10 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D. H. Jones, M. D.

8/23/1926 (Address) 1011 E. Eldwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Aug 25 1926

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager St

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13555

CERTIFICATE OF DEATH.

3 ✓ E 13555

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 W. 27th ST. 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Sutton

(a) RESIDENCE NO. 329 W. 27th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Sutton

6 DATE OF BIRTH (month, day, and year) March 8 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	65	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John F. Kines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Rudiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carrie Gret

(Address) 812 N. Gay St.

15 Filed AUG 25 1926 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23d 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Aug 23, 1926, that I last saw h alive on Aug 23, 1926, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Lung abscess (acute)

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible], M. D.

(Address) 100 N. Bath St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Aug 26 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13556 E 13556

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Eutaw Place St.) (13-16 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Coogan

(a) RESIDENCE. NO. 2209 Eutaw Place ST.... WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs M. Meehan

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Coogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mamie Meehan

(Address) 2209 Eutaw Place

15 Filed ..... 19 C. HA... Registrar

AUG 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1926

17 I HEREBY CERTIFY, That I attended deceased from April 10 1926, to Aug 23rd 1926, that I last saw h[illegible] alive on August 23rd 1926, and that death occurred, on the date stated above, at 4 40 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Urinalysis

(Signed) Wm J Smith M. D.

8/24 1926 Address 1701 E Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Cathedral	Aug 25 1926
20 UNDERTAKER W M Cook	ADDRESS 308 E Nor...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13557

CERTIFICATE OF DEATH

14-2 74-001 E 13557

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Kuper ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Roberts.

(a) RESIDENCE NO. 1405 Kuper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Roberts

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Orleans

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William H. Roberts.

(Address) 1405 Kuper St.

15 Filed AUG 25 1926 HARRISON GILES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17th, 1926, to August 23rd, 1926, that I last saw her alive on August 23rd, 1926, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia 4 Yrs

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Vendelaure, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Aug. 26/26

20 UNDERTAKER William Cook

ADDRESS 502 E. North Ave

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—6-9-1[illegible] 45 C[illegible] 1000 Bks.

E 13558

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 13558

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 30 W Lanvale Blvd. ST. 154 WARD)

2-FULL NAME James Monroe Turner

(a) RESIDENCE. No. 30 W Lanvale Blvd ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) Sept. 3-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 13

(b) General nature of industry, business, or establishment in which employed (or employer) Right Army Sgt. Retired

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) West Chester County New York State.

PARENTS

10 NAME OF FATHER Benjamin Turner

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Connecticutt

12 MAIDEN NAME OF MOTHER Marton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Bonnie Turner
(Address) 30 W Lanvale Blvd.

Filed AUG 25 1926 C. H. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23rd 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 25th 1926, to Aug. 23rd 1926, that I last saw him alive on Aug. 23rd 1926, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Myocarditis. (duration) 15 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Fred H. Clark M. D.

19 (Address) 30 W Lanvale Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Aug 28 1926

20 UNDERTAKER Herman Cook ADDRESS 502 E Nat

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13559 — 100-001 — E 13559

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Christian ST. 20-5 WARD)

2-FULL NAME Regina Romm

(a) RESIDENCE. No. 1918 Christian ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Hunter J. Romm

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret M. Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Hunter J. Romm
(Address) 1918 Johnston St.

15 Filed ..... 19.... C. HALLETT JONES, M. D. Registrar.

AUG 25 1926

PN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1926, to Aug. 23, 1926, that I last saw h[illegible] alive on August 23, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) J. T. Hennessy, M. D.

Aug. 24 1926 (Address) 2707 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug. 25 1926

20 UNDERTAKER: George L. Schnaid — ADDRESS: 2101 Druid Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13560

CERTIFICATE OF DEATH.

129

135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Parkwood Ave. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Botfield Albert,

(a) RESIDENCE No. 2827 Parkwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or) WIFE of~~: Katie Albert

6 DATE OF BIRTH (month, day, and year) Sept. 6. 1845

7 AGE: Years 80 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph S. Albert,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Botfield,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Maryland.

14 Informant: A. H. Jones (Address) 2827 Parkwood Ave

15 Filed AUG 25 1926, 19 C. HAMPSON JONES, M. D. Registrar

P. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 21 1926 19

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to Aug 21, 1926.

that I last saw h alive on Aug 23, 1926

and that death occurred, on the date stated above, at 2-30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

Aug 24, 1926 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL AUG 26 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS 2756 EDMONDSON AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13561 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13561

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH Womans Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. John & Lafayette Ave ST.) 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Presbury Wetherall.

(a) RESIDENCE NO. Cecil Apartments. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. — ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced.

5a If ~~married, widowed~~ or divorced ~~HUSBAND of~~ (or) WIFE of ~~late~~ John R. Jones.

6 DATE OF BIRTH (month, day, and year) Feb. 5th 1852

7 AGE: 74 Years | Months 6 | Days 19 | If LESS than 1 day, ...hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Wm G. Wetherall.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sidney A. Calwell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co.

14 Informant Wm G. Wetherall - (Brother) (Address)

15 Filed AUG 25 1926 C. HAMPSON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1926, to Aug. 24, 1926, that I last saw her alive on Aug. 24, 1926, and that death occurred, on the date stated above, at 10 17

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis terminating in Uraemia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Chemistry—

(Signed) F. H. Lloyd, M. D.

Aug 24 1926 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Aug 26 1926

20 UNDERTAKER: Henry W. Jenkins & Sons. — ADDRESS: McCollock & Orchard Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13562

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901 E 13562

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Monroe ST. 19-1 WARD)

2-FULL NAME Walter E. Brooms

(a) RESIDENCE NO. 411 N. Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Color	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	33 3/12	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of Work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Public Work

(c) Name of employer Mr Calls Town

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Henry Brooms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Charlotte Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Joseph Kilbirth
(Address) 411 N. Monroe

15 Filed AUG 25 1926 C. HOUSTON JONES, M. D. Registrar
Per GKL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22d 1926. to Aug 22d 1926.
that I last saw him alive on Aug 22d 1926.
and that death occurred, on the date stated above, at 7 A M.
The CAUSE OF DEATH* was as follows:
Bronchs Pneumonia

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt Calls Town

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) A Lee Elder M. D.

(Address) 52 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staunton Va

DATE OF BURIAL Aug 25th 1926

UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor

Spec.—1-10-21—M&T—1500 Bks.

(Sewell Barrett)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13563

CERTIFICATE OF DEATH.

E 13563

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO. 26-3

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sewell Barrett

(a) RESIDENCE No. 3201 E. Monument ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of [illegible] E Barrett

6 DATE OF BIRTH (month, day, and year) Oct 23, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble polisher

(b) General nature of industry, business, or establishment in which employed (or employer) Gal carlins.

(c) Name of employer Melble Co

9 BIRTHPLACE (city or town) (State or country) Calvert Co Balto Md.

PARENTS

10 NAME OF FATHER Joseph A. Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md.

12 MAIDEN NAME OF MOTHER Kathe S. Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Mamie Barrett

(Address) 3201 Monument St.

15 Filed AUG 25 1926 19 C. HAMILTON JONES, M. D. Registrar

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1926, to Aug. 25, 1926

that I last saw him alive on Aug 25, 1926

and that death occurred, on the date stated above, at 3 15 a. m.

The CAUSE OF DEATH* was as follows:

Subacute appendicitis

Right Inguinal Hernia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Mt. obstruction & Peritonitis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-24-26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation.

(Signed) H. W. McDonally, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetery Calvert Co Md

DATE OF BURIAL Aug. 27, 1926

20 UNDERTAKER Elmer W. Conklin

ADDRESS 944 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 13564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13564

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 Woodlea Place St. 27-13 Ward)

2-FULL NAME Katherine M. Frailer

(a) RESIDENCE NO. 1 Woodlea Place St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Frederick Frailer

6 DATE OF BIRTH (month, day, and year): May 30, 1878

7 AGE: Years 48 | Months 7 | Days 21 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: George T. Calvert

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Fizzell

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md.

14 Informant: J. Frederick Frailer

(Address): 1 Woodlea Place

AUG 25 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926 to Aug 21, 1926, that I last saw h.er alive on Aug 21, 1926 and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(durntion) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondnry)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T.B. Bacilli in sputum

(Signed) [illegible], M. D.

1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation Sykesville Md. Date of Burial Aug 25 1926

20 UNDERTAKER: Margaret L. Flynn ADDRESS 1422 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 13565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13565

CERTIFICATE OF DEATH.

3 1

1-PLACE OF DEATH

City of BALTIMORE: (No. 617 N. Eden St. 5-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Blake

(a) RESIDENCE NO. 617 N. Eden St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eroge Blake

6 DATE OF BIRTH (month, day, and year): Jan 6 1899

7 AGE: Years 27 | Months 7 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Chester

(State or country): South Carolina

PARENTS

10 NAME OF FATHER: Adam Blake

11 BIRTHPLACE OF FATHER (city or town):

(State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Eliza Lawson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): South Carolina

14 Informant: Caroline Jones

(Address) 500 N. Caroline Ave

Filed AUG 25 1926 19

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1926

17

I HEREBY CERTIFY, That I attended deceased from June 6. 1926 to Aug 24, 1926, that I last saw h. alive on Aug 24, 1926, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis

(duration) yrs. 3 mos. 18 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

1926 (Address) 508 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester S. C.

Date of Burial: 8/26 1926

20 UNDERTAKER: Byron Wright

ADDRESS 1218 McCulloh St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 13566 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13566

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N Patterson Park Ave WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Deacon

(a) RESIDENCE NO. 825 N Patterson Park Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mrs Chas A Deacon

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 56 — Months 8 — Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Mr Geo Geyer

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Mrs Sophie Geyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Charles A. Deacon

(Address) 825 N. Patterson Park Ave

15 Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 23, 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to Aug 23, 1926.

that I last saw her alive on Aug 23, 1926,

and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Arthur C Monnmyer, M. D.

8/23, 1926 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: Aug. 26 1926

20 UNDERTAKER: Tilly & Zeiler ADDRESS: 403 S Wolfe St.

8/25/1926 G. HAMPSON JONES, M. D.

Registrar.

P.M.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 13567 (Susan Stock) E 13567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University of Md. (ST.) 5-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Susan Stack

(a) RESIDENCE NO. 9 N. Eden St (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Stock.

6 DATE OF BIRTH (month, day, and year) March 12 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Konig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Emma Jaeger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Conrad Stock

(Address) 9 N. Eden St

15 Filed Aug 26 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1926, to Aug 24, 1926

that I last saw h-w alive on Aug 24, 1926

and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? Ct home

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) E R Miller, M. D.

8/24 1926 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Aug. 26 1926
20 UNDERTAKER Lilly and Zeiler	ADDRESS 603 S. Wolfe St

ITION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13568 E 13568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Jadson ST.) 24-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Voyle (Boyce)

(a) RESIDENCE. No. 1743 Jadson ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ Divorced (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Anna Thompson

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 33 | Months – | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Man 045

(b) General nature of industry, business, or establishment in which employed (or employer): Ice Industry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER – Gately Voyle (Boyce)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER – Jennie Cheney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant – Mrs Voyle (Boyce)

(Address) 1265 Duncan St

15 Filed AUG 25 1926 19 C. HAMPSON JONES, Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) – Aug 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926, to Aug 23, 1926, that I last saw h[illegible] alive on Aug 23, 1926, and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? →

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. M. Hall M.D.

8/25, 1926 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Md. DATE OF BURIAL: Aug 25th 1926

20 UNDERTAKER: Tilly & Zeiler ADDRESS: 1038 N. Mayo St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PRACTITIONER'S CERTIFICATE TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 13569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13569

90

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 E. 28th St. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Pfaff.

(a) RESIDENCE NO. 502 E. 28th St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Divirced.

5a If ~~MARRIED, WIDOWED~~, or divorced HUSBAND of (~~WIFE OF~~) Elizabeth Pfaff.

6 DATE OF BIRTH (month, day, and year) June 27, 1864.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Pfaff.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Katherine Engelhaupt.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Henry U. Pfaff. (brother)

(Address) 4009 Kate Ave.

AUG 25 1926 C. HAMPSON JONES, M. D. Registrar

By H. Clee

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

8/25 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem Date of Burial Aug 26 1926

20 UNDERTAKER. J. J. Tucker & Sons ADDRESS Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13570

CERTIFICATE OF DEATH. 70

1-PLACE OF DEATH

REGISTERED NO. 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

2-FULL NAME Joseph H. Taylor

(a) RESIDENCE NO. Hamilton, Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 5 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Hamilton Va.

PARENTS

10 NAME OF FATHER Henry B. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Louise Pancoast

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Physician C. HAMPSON JONES, M.D.

AUG 25 1926

Reg —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from August 15th, 1926, to August 24th, 1926, that I last saw him alive on Aug. 24th, 1926, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hamilton, Va.

Did an operation precede death? Yes Date of June 26th

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) George G. Finney, M. D.

Aug 24th 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lincoln Va	Aug 26 1926
20 UNDERTAKER	ADDRESS
D. J. Jackson & Sons	Taylor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of doctor is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13571

CERTIFICATE OF DEATH.

44

E 13571

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2015 N. Washington Sq. Ward) 6-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Rochford

(a) RESIDENCE NO. 2015 N. Washington Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. F. Rochford Sr

6 DATE OF BIRTH (month, day, and year): Don't know. 1872

7 AGE: Years 54; Months; Days; IF LESS than 1 day....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Carey

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant Margaret Rochford

(Address) 2015 N. Washington

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

Aug 23-

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 19 26, to Aug 23, 19 26

that I last saw h.. alive on Aug 23, 19 26

and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Gross findings

(Signed) C. W. Bowery, M. D.

, 19 (Address) 1412 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Aug 26 19 26

20 UNDERTAKER: Robt. D. Inman ADDRESS 1412 N. Broadway

AUG 25 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 13572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13572

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 14-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hill.(C)

(a) RESIDENCE NO. 1709 W. Saratoga St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 1, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Hill.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Ida Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant William Hill.(C) father.

(Address) 1709 W. Saratoga St.

AUG 25 1926

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastero Intestinal Indigestion.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Wm. Reinhardt M. D.

(Coroner)

8/25 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 1709 W. Saratoga St. August 23, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Aug 25th 26

20 UNDERTAKER Wm. Easton ADDRESS 916 Pa Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10 21 M&T 1500 Bks.

E 13573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13573

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Rosenthal

(a) RESIDENCE NO. 318 W. Mulberry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
60	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 062

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

AUG 25 1926 Filed HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 21, - 1926 to August 24 1926,

that I last saw him alive on August 23, 1926

and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis, and Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebro Spinal Lues, Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis Clinical findings

(Signed) Harry Friedman, M. D.

8/24/26 (Address) Bethune City W. Va.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemetery DATE OF BURIAL 8/25 1926

20 UNDERTAKER Sol Levinson & Bro ADDRESS 1127 E Balto st

TION is very important. See instructions on back of certificates.

(Kate Reed)

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13574

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1753 Jefferson St. 61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. William Reed.

(a) RESIDENCE. NO. R 1753 Jefferson ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Wm Reed

6 DATE OF BIRTH (month, day, and year) May 27, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER Wm Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. William Reed

(Address) 1753 Jefferson st

AUG 25 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21— 1926

17 I HEREBY CERTIFY, That I attended deceased from March 26, to Aug 21, 1926,

that I last saw her alive on Aug 21, 1926,

and that death occurred, on the date stated above, at 7 50 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Disease.

Nephritis (Chronic Parenchymatous)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause M.D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Aug 25 1926

20 UNDERTAKER ADDRESS

Johannah Charles 1518 Aisquith st

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 13575 CERTIFICATE OF DEATH. X 38 E 13575

1-PLACE OF DEATH U.S Marine Hospital #1

CITY OF BALTIMORE: (No. Balt Md ST. 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Nelson.

(a) RESIDENCE NO. Lewes, Delaware ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 2 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Light House Service

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Nels Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Anna Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Self.

(Address)

15 Filed AUG 25 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1926, to Aug 23, 1926, that I last saw h— alive on Aug 23, 1926, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Oedema of lungs bilateral.

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Syphilis, tertiary Aortic aneurism.

(duration) ..... yrs. 11 mos. ..... ds.

18 Where was disease contracted if not at place of death? U.S Marine Hospital

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical findings and laboratory tests

(Signed) J. C. Travers, M. D.

(Address) U.S Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lewes Del

DATE OF BURIAL Aug. 25 1926

UNDERTAKER John C. Mitchell

ADDRESS 1201 N. Fayette St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13576

E 13576

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (NO. ..... ST., 14-2 WARD)

2-FULL NAME Flora V Everhart

(a) RESIDENCE NO. Milton Ave, Westminster Md. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? —— yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H Everhart

6 DATE OF BIRTH (month, day, and year) Feb. 27-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	54	Jan 5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Darius Feeser

11 BIRTHPLACE OF FATHER (city or town) Carroll Co. (State or country)

12 MAIDEN NAME OF MOTHER Susana B. Reinecker

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country)

14 Informant John E. Everhart (Son) (Address)

15 Filed 8 25 1926 C. HAMPSON JONES, M. D. Registrar By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-15, 1926, to 8-25, 1926, that I last saw her alive on Aug. 25, 1926, and that death occurred, on the date stated above, at 7 20 a. m.

The CAUSE OF DEATH* was as follows:

Encephalitis (Probable)

Typhoid fever (Probable)

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Not Confirmed

(Signed) Wm. Wilson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kreider's Church Westminster Md.

DATE OF BURIAL August 1926

ADDRESS .....

20 UNDERTAKER John W Little Littlestown Pa

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 13577

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13577

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 6-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Lee

(a) RESIDENCE NO. 229 W. Dallas St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Dr. Medical Records

(Address)

15 C. THOMPSON JONES, M. D.

Dec 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from August 21, 1926, to Aug 23, 1926

that I last saw h. alive on Aug 23, 1926

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Hemoplegia - cause

Myocarditis - chronic

(duration) ? yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Path

(Signed) C. Thompson Boyd, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Asbury Cemetery Aug 25 1926

20 UNDERTAKER — ADDRESS

Jos. J. H. Rochester 1413 Jefferson

25 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13578

CERTIFICATE OF DEATH.

113 E 13578

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 4430 Wrenwood Ave. St. 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Day. Jr.

(a) RESIDENCE NO. 4430 Wrenwood Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __ yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 27, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John L. Day. Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Gladys M. Hare.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Co. Md

14 Informant Gladys M. Day. (mother)

(Address) 4430 Wrenwood Ave.

15 1926 C. HAMPSON JONES, M. D.

P. ARB Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastero Intestinal Indigestion.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto L. Reinhardt M. D.
(Coroner)

8/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Saters Cemetery Balto Co Aug 26 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North

25

OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-21—M&T—500 Blks.

E 13579

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001 E 13579

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Hoag

(a) RESIDENCE NO. 1931 Herbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 14, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Hoag

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Imhoff

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant West Balto. Gen. Hospital (Address)

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Fee —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926, to Aug 25, 1926, that I last saw her alive on Aug 25, 1926, and that death occurred, on the date stated above, at 5 19A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos 3 ... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ... yrs. ... mos. 1 ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Symptoms & Lab-

8/25. 1926 (Signed) Arnold Turner, M. D.

(Address) West Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Aug 27 1926

20-UNDERTAKER Wm Cook — ADDRESS 502 E Natl

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 13580 E 13580

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

2-FULL NAME Agnes Melske

(a) RESIDENCE NO. Preston & Mary St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER August Melske

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary Mueller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sisters Superior

(Address) Preston & Mary

15 Filed Aug 25 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 19 26, to Aug 19 26,

that I last saw h.r. alive on Aug 24, 19 26,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

2 weeks (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

___ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Altemeier, M. D.

Aug 25, 19 26 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Aug 26 1926

20 UNDERTAKER Rita Wriedfeld ADDRESS 914 Gruman Av

OF DEATH in plain terms, so that it may be properly classified. EARLY STATEMENT OF OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13581 E 13581

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 906 N. Fulton ave ST., (Ward) 16-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Burns Boland

(a) RESIDENCE NO. 906 N Fulton ave ST., 16 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a ~~Married~~, widowed, ~~or divorced~~

HUSBAND of (or) WIFE of Amelia Murray Boland

6 DATE OF BIRTH (month, day, and year) [illegible] 1850

7 AGE: 75 Years; 8 Months; 3 Days; 25 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, City (State or country)

PARENTS

10 NAME OF FATHER Thomas Boland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Boland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant T. Howard Boland

(Address) 609 N. Eutaw St.

25 1926 C. HAMPSON JONES, M. D. Registrar

Pd [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 192[illegible], to date [illegible], 19—, that I last saw him alive on Aug. 24, 19 26, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Death due to Hemiplegia on Uremia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia, and Senility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Anthony Lee Scott, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem'

DATE OF BURIAL 8-28 1926

20 UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Orchard and Collok

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13582

E 13582

CERTIFICATE OF DEATH.

194

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2035 McCulloh St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Bell

(a) Residence No. 2035 McCulloh St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Bell

6-DATE OF BIRTH (month, day and year) May 4. 1873

7-AGE. 53 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Bell

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Irene Maiden

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- Laura Bell (Informant)

(Address) 2035 McCulloh St

15- Filed 2 5 1926 C. HAMPSON JONES, M. D. Registrar.

Pd ——— RFS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 23. 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19. 1926 to Aug 23. 1926

that I last saw him alive on Aug 22. 1926

and that death occurred, on the date stated above, at 11. A. m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Sunstroke

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D

8. 23. 1926 (Address) 822 N. Bond St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Aug 26 1926
20-UNDERTAKER.	ADDRESS
Mrs Charles L. Bailey	1421 Lafayette Ave

Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13583

CERTIFICATE OF DEATH.

38 E 13583

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Diggs.(C)

(a) RESIDENCE NO. 212 E. 23rd. St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May ----1896.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	30	3	11/11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Williamsport.Pa

PARENTS

10 NAME OF FATHER John Diggs.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Bessie.-----(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania.

14 Informant Rothall Gardner.(C)

(Address) U.S.Coast Guard Depot.

15 Filed 8 25 1926 C. HAMPSON JONES, M. D. Registrar

P.M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Syphilis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt, M. D. (Coroner)

8/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 212 E. 23rd. St. August 23, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsport Penn. Date of Burial 8/25 1926

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

E 13584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13584

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Park ave St. ... WARD) 14-2

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Elizabeth Henkle

(Residence in Baltimore: No. 1810 Park ave St.; 31 yrs. ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 10, 1855
(Month) (Day) (Year)

7-AGE, 71 yrs. 2 mos. 14 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md Co md

PARENTS.

10-NAME OF FATHER, Eli J. Henkle

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co md

12-MAIDEN NAME OF MOTHER, Elizabeth Thomas

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Camilla J. Henkle

(Address) 1810 Park Ave

15-

Filed ... C. HAMPSON JONES, M. D. Registrar.

AUG 25 1926 P.M.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 24th, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1924, to Aug 24th 1926, that I saw her alive on Aug. 23 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast

(Duration) about 7 yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) about 1 yrs. ... mos. ... da.

(Signed) Chas. Clark M. D.

Aug 25, 1926 (Address) 1327 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem

DATE OF BURIAL, Aug 26, 1926

20-UNDERTAKER John C. Mitchell

ADDRESS 120 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 13585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13585

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 12 E Madison ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel M. Gordon

(a) RESIDENCE No. 12 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno Nicholson Gordon

6 DATE OF BIRTH (month, day, and year) Sept 16 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Francis C Newburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Henrietta Shutter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Arthur Gordon

(Address) St Paul apts

15 Filed 25 1926 C. HAMPSON JONES, Registrar

By DKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/15, 1926, to 8/24, 1926.

that I last saw h.. alive on 8/24/26, 19, at 9:40 P. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H H Toadvine M. D.

, 19 (Address) 1703 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Cemetery Catonsville	Aug 27 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13586 E 13586

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 104 Main St. Hillsdale ST. 28-3 WARD)

2-FULL NAME Ida Anna Biecraft

(a) RESIDENCE No. 104 Main St. Hillsdale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William E. Biecraft

6 DATE OF BIRTH (month, day, and year): Jan. 1, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

PARENTS

10 NAME OF FATHER: Mr. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William E. Biecraft
(Address) 104 Main St. Hillsdale

15 Filed 25 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Aug 23, 1926, that I last saw h— alive on Aug 23, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsion

(duration) ..... yrs. mos. 5 days

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary Analysis

(Signed) A. C. Smith, M. D.

Aug 24 1926 (Address) 4509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland, Carroll Co., Md.

DATE OF B... L: Aug 26, "26

20 UNDERTAKER: Joseph B Cook

ADD... 1003 N. Calvert St

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Bogdanowsky E 13587

E 13587 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. † 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Bogdanowsky

(a) RESIDENCE NO. New York City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE: Years 48; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Aaron Katz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 26 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20th, 1926, to Aug. 25th, 1926, that I last saw h[illegible] alive on Aug 25th, 1926, and that death occurred, on the date stated above, at 10.50 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (Dural Endothelioma),

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 25th

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) George E. Finney, M. D.

8/26, 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York N. Y.

DATE OF BURIAL: Aug 26 1926

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Baltimore

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13588

CERTIFICATE OF DEATH.

188-003 ✓ E 13588 ✓

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Fort ?

City of BALTIMORE: (No. Fort ? Fell St. 134 Ward)

2-FULL NAME Richard C. McCleary

(a) RESIDENCE NO. 3365 Chestnut Ave Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22nd 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Drug store

(c) Name of employer His Father

9 BIRTHPLACE (city or town) Galt City

(State or country)

PARENTS

10 NAME OF FATHER Richard C McCleary

11 BIRTHPLACE OF FATHER (city or town) Galt City

(State or country)

12 MAIDEN NAME OF MOTHER Anne M Duncan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Richard C McCleary

(Address) 3365 Chestnut Ave

Date 1926 C. HAMPSON JONES, M. D.

Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning when the automobile in which he was riding + supposed to be driving went over board at Fort Fell Pt. Not well acquainted with his surroundings

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) James M Renton M. D.

(Coroner)

8 24 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Woodlawn Cemetery Aug 28 1926

20 UNDERTAKER ADDRESS

E Thomson Hall & Son 315 E Chestnut Ave

26

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 13589 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13589

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Wnwersity Hospital St. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rachael R Rholen

(a) RESIDENCE NO. Hampstead Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John T. Rholen

6 DATE OF BIRTH (month, day, and year) Aug 23-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	59	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Shafer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Mellhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edward L Tipton (Address) Hampstead Md

15 Filed 26 1926 19 C. HAMPSON JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/26 19

17

I HEREBY CERTIFY, That I attended deceased from 8/23/26, 19, to 8/25/26, 19,

that I last saw h~~er~~ alive on 8/25/26, 19,

and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Ptomaine, Paralytic Ileus, (duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 8/24/26

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W W Dandridge, Laboratory, M. D.

19 (Address) University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hampstead Md	Aug 27 1926
20 UNDERTAKER	ADDRESS
E. L. Tipton & Son.	Hampstead Md

Spec.—1-10-21—M&T—1500 Bks.

E 13590 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Crawford

(a) RESIDENCE NO. 76 Russel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elnora Crawford

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber got

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Crawford

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Dennis

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md

14 Informant City Hospital Records (Address)

15 Filed AUG 26 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1926, to Aug. 23, 1926

that I last saw him alive on Aug. 23, 1926

and that death occurred, on the date stated above, at 12:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

Hypertension

(duration) yrs. mos P ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + end.

(Signed) C. Wilmer Brown, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fair Auburn Cem	Aug 26 26
20 UNDERTAKER Samuel H. Lemmler	ADDRESS 538 N Eden

HOW IS very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13591 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13591

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 209, 20½ St. S. 17-5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margrett Moore Gray

(a) RESIDENCE. No. 209, 20½ St. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosetta Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth Smith

(Address) 209-20½ St.

Filed AUG 26 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8—24— 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29th, 1926, to Aug 24th, 1926, that I last saw her alive on Aug 23rd, 1926, and that death occurred, on the date stated above, at 2'40 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis. 24 Aug

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? ✓

What test confirmed diagnosis? Exam. of urine

(Signed) Jos O Cayne M. D.

19 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Auburn Low. Aug 26

20 UNDERTAKER Emma L Hensley ADDRESS 1518 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 13592 HEALTH DEPARTMENT—CITY OF BALTIMORE E/13592 ✓

117 ✓

CERTIFICATE OF DEATH

1-PLACE OF DEATH Hospital For Women of Maryland

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John & Lafayette ST. 15-2 WARD)

2-FULL NAME Mary E. Auld

(a) RESIDENCE NO. 3830 Ashburton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Emory Auld, Jr.

6 DATE OF BIRTH (month, day, and year) Feb 1, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ×

(c) Name of employer ×

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER Lake W. Tall

11 BIRTHPLACE OF FATHER (city or town) Madison, (State or country) Dorchester County, Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State of country)

14 Informant John Emory Auld, Jr.

(Address) 3830 Ashburton Ave.

15 Filed AUG 26 1926 C. HAMPSON JONES, M. D. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926 to Aug. 24, 1926, that I last saw her alive on Aug 24, 1926, and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis, gangrenous

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Aug 2, 1926

Was there an autopsy? No!

What test confirmed diagnosis? Operation

(Signed) Wm M Wilson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Aug 27 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

FRONT—Very important. See instructions on back of certificate.

E 13593 ✓

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13593 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

90

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover St. 25-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Stanley (Injury)

(a) RESIDENCE. No. Hanover St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Stanley

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Serbia

PARENTS

10 NAME OF FATHER George Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Serbia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Serbia

14 Informant James Stanley
(Address) Hanover St

15 Filed AUG 26 1926 C. HAMPSON JONES, M. D. Registrar
Per H. Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to Aug 25, 1926, that I last saw her alive on Aug 24, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease. (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart action

(Signed) Raymond W. Bloom, M. D.

, 19 (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Aug 27 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 13594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13594 ✓

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph Hospital W. V. REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... St. C. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Murphy

(a) RESIDENCE No. 2040 Orleans St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Murphy

6 DATE OF BIRTH (month, day, and year): Apr 27-1864

7 AGE: Years 62 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Charles Co Md

PARENTS

10 NAME OF FATHER: Cincinnatti Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chas Co Md

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Mary Murphy

(Address) 2040 Orleans St

AUG 26 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 1926

17

I HEREBY CERTIFY, That I attended deceased from 8-20, 1926, to 8-25, 1926

that I last saw ~~sing~~alive on 8-25 1926

and that death occurred, on the date stated above, at 8 50 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

..... (duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 8-23-25

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) H. L. McNally, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cem Chas Co Md — DATE OF BURIAL: Aug 28 1926

20 UNDERTAKER: John Ulrich — ADDRESS: 208 Orleans

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

E 13595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13595 ✓

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 723 N. Spring St. St., 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Johns.(C)

(a) RESIDENCE NO. 723 N. Spring St. St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, HUSBAND of Alice Johns.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Frederick Johns.(C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Betsie -----(C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland.

14 Informant Alice Johns.(C) wife.

(Address) 723 N. Spring St.

15 Filed AUG 26 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leinhardt M. D. (Coroner)

8/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklury cemetery Date of Burial: aug 28 1926

20 UNDERTAKER: Edward Bryan ADDRESS 1631 orleans st

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13596

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2234 Mondawmin Ave St. 13-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Bearman

(a) RESIDENCE NO. 2234 Mondawmin Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Bearman

6 DATE OF BIRTH (month, day, and year) — 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Salman Bearman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Merian Meyerson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14

Informant Rose Bearman

(Address) 2234 Mondawmin ave

Filed AUG 26 1926 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1926, to Aug 26, 1926, that I last saw him alive on Aug 25, 1926, and that death occurred, on the date stated above, at 7-10 9 m.

The CAUSE OF DEATH* was as follows:

Endocarditis lenta

abt 4 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) secondary anaemia

1 (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood examination

(Signed) Jno A Lentscher, M. D.

19 (Address) 122 Cager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Shaw Herring Run 8-26- 1926

20 UNDERTAKER — ADDRESS

Isaac Levine, 1439 E Baltimore St

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 13597

E 13597

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 S. CHARLES St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM B. TAYMAN.

(a) RESIDENCE NO. 1519 S. CHARLES St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE.

4 Color or Race: WHITE.

5 Single, Married, Widowed, or Divorced, (write the word): WIDOWER.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: THE LATE FRANCES V. TAYMAN.

6 DATE OF BIRTH (month, day, and year): JULY, 14, 1857.

7 AGE: Years 69, Months 1, Days 11. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: B. & O. R.R. 93

(b) General nature of industry, business, or establishment in which employed (or employer): ENGINEER.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): MARTINSBURG, W. VA.

PARENTS

10 NAME OF FATHER: WILLIAM E. TAYMAN.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): MD.

12 MAIDEN NAME OF MOTHER: MARGARET HUNT.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): BALTIMORE, MD.

14 Informant: W. A. TAYMAN, (SON).

(Address): 4 BELLEGROVE RD. MD.

19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to Aug 27, 1926, that I last saw him alive on Aug 27, 1926, and that death occurred, on the date stated above, at 1.04 m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. F. Hollands M. D.

8/28/26 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Martinsburg W. Va Date of Burial Aug 27 1926

20 UNDERTAKER: C. Howard Evans ADDRESS 38 E. Fort Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Roderick Dunn)

E 13598

1926 E 13598

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roderick Dunn -

(a) RESIDENCE NO. 15 N. Wolfe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31 1926

7 AGE 3 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Wm Dunn -

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Mary Byrd

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 26 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Aug 25 1926, that I last saw him alive on Aug 25 1926 and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows:

Entero - Colitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 15 N. Wolfe St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab + Clinical

(Signed) Brookfield, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Aug 1926

20 UNDERTAKER Wendell Wyffels

ADDRESS 37 S

FRONT Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13599

CERTIFICATE OF DEATH.

90 E 13599

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 5-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Stevens

(a) RESIDENCE NO. 1117 Little Simpson St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 1874

7 AGE — Years: 52 — Months: 5 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: City Hospitals Records

(Address) C. THOMPSON JONES, M. D.

15 Filed _____, 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1925, to Aug. 23, 1926

that I last saw h[illegible] alive on Aug. 23, 1926

and that death occurred, on the date stated above, at 12:00 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia sin - left.

myocarditis - chronic

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) arteriosclerosis,

hypertension (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Exam.

(Signed) C. Thompson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

UNIVERSITY OF MARYLAND. 19

20 UNDERTAKER — ADDRESS

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 13600 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13600

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Norwood Ave ST., 8-1 WARD)

2-FULL NAME Adam E. Hausmann

(a) RESIDENCE NO. 1701 Norwood Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hausmann

6 DATE OF BIRTH (month, day, and year) Oct. 15-1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer Business

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Conrad Hausmann

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Kleinhoffer

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Emma Hausmann (Address) 1701 Norwood Ave

15 Filed AUG 26 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-23 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Aug 23, 1926.

that I last saw him alive on Aug 23, 1926

and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. H. Hampson, M. D.

8/25, 1926 (Address) 733 Mc Sherry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Aug 26 19 26

UNDERTAKER Geo. L. Schmidt — ADDRESS 1 Eutaw Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13601

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Homewood Ave ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia Muldoon

(a) RESIDENCE No. 1033 Homewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph A. Muldoon

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Attend	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Hugh Clinton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Delia Harrisson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr Joseph A. Muldoon

(Address) 1033 Homewood Ave

15 Filed AUG 26 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/13, 1926, to 8/25, 1926, that I last saw h Sw alive on 8/25, 1926, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

General Abdominal carcinomatosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Ovary

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1½ yrs ago

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Dr Bernard Wolfe, M. D.

8/26 1926 (Address) 910 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Aug. 28 1926

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1501 E Eager

Spec.—1-10-21—M&T—1500 Bks.

1926 95-C 13602

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 13602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bay Thomas

(a) RESIDENCE NO. 1531 Hodgson ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2 1/2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 6 1926 C. HAMPSON JONES, M. D., Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1926

17

I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to Aug 21, 1926, that I last saw h[illegible]ive on Aug 21, 1926, and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia lobar

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dudley C Ashton, M. D.

Aug 23 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

E 13603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13603

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1300 Dellwood Ave. ST. 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Eliza Blouse

(Residence in Baltimore: No. 429 N. 23rd St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March (Month) 11 (Day), 1857 (Year)

7-AGE, 69 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John H. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse L. Lewis

(Address) 215 Cedar Ave.

15-

AUG 26 1926

C. HAMPSON JONES, M.D.

191.... By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 25 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] (Coroner.) M. D.

8/26, 192.. (Address) 163 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, Aug 27, 1926

20-UNDERTAKER Horace F. Burger — ADDRESS 363 Falls Road

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13604 90 E 13604

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1816 Jackson St. St. 24-2 Ward)

2-FULL NAME Charles C. Gentry.

(a) RESIDENCE NO. 1816 Jackson St. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6a If married, HUSBAND of Mary L. Gentry.

6 DATE OF BIRTH (month, day, and year) August 26, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Albert J. Gentry.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Cordelia Childs.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Mary L. Gentry. (wife)

(Address) 1816 Jackson St.

AUG 26 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

very important. See instructions on back of Certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Wm M. Leonard M. D.
(Coroner)

8/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Randallstown Date of Burial Aug 27 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

E 13605 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13605

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N. Carrollton Ave ST. 46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Coates

(a) RESIDENCE NO. 1009 N. Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col.	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13th 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Prescott Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Serinia Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia Farbus

14 Informant Prescott Coates

(Address) 1009 Carrollton Ave

15 Filed Aug 27 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per RHB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Aug 25, 1926, that I last saw him alive on Aug 25, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Not known complained about (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) General Weakness

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Helena Cem — DATE OF BURIAL: Aug 27/26

20 UNDERTAKER: Daniel Eaton — ADDRESS: Cane 96

Cor.—1-12-23—M&T—100 Bks.

E 13606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 13606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 George St. St., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud Johnson

(a) RESIDENCE NO 613 George St. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Jerry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Bird

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary Johnson
(Address) 613 George St.

15 Filed AUG 26 1926 C. HAMPSON JONES, M.D. Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. T. Hammond, M. D. (Coroner.)

8/25, 1926 (Address) 1702 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Aug 27/26
20 UNDERTAKER David Easton	ADDRESS 916 Penna

Cor.—12-9-25—A Co.—200 Bks.

E 13607

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 188-003 E 13607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital, 76 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fagle

(a) RESIDENCE NO. Thomas ave Randall end Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. / ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jno. C. Fagle

6 DATE OF BIRTH (month, day, and year): Dec 31-1893

7 AGE: Years 32 Months 9 Days 25 IF LESS than 1 day.....hrs. or.....min. 24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

(c) Name of employer: Owen

9 BIRTHPLACE (city or town)

(State or country): Ky Geo Md

PARENTS

10 NAME OF FATHER: Wm Childers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Europe

12 MAIDEN NAME OF MOTHER: Sarah Wheeler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Europe

14 Informant: Jno. C. Fagle

(Address): Thomas ave

C. HAMILTON JONES, M. D.

1926 P. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture of 3 Lower R Ribs, Rupture of Liver & R Kidney & Internal Hemorrhage (duration) .....yrs. .....mos. 4 hrs.

CONTRIBUTORY (Secondary) Automobile accident while walking across Rd. (duration) .....yrs. .....mos. .....ds.

(Signed) James M Fenton, M. D. (Coroner)

8 16 1926 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..yrs., ..mos., 4 ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death? Philadelphia Rd Thomas ave

Former or usual residence: Thomas ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Date of Burial: 8 20 1926

20 UNDERTAKER: Oak Lawn Funeral Home ADDRESS: 1432 Light St

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13608 18 E 13608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Johns Hopkins Hospital. St., 7-1 Ward)

2-FULL NAME Theresa Dolores Lowry.

(a) RESIDENCE NO. 1717 E. Eager St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 13, 1925.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John G. Lowry.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Gertrude Parrish.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant John G. Lowry. (father)

(Address) 1717 E. Eager St.

15 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Accidental fall from bed.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/26 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? 1717 E. Eager St. August 23° 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Woodlawn Cem. Lot E.E. and 28 1926

20 UNDERTAKER — ADDRESS

Stephen Rectenwald 1718 E. Eager St

26 1926

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13609 | CERTIFICATE OF DEATH. | 129 E 13609

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & St., Hospitals Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Moomaw

(a) RESIDENCE NO. Roanoke, Va. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Dec 2-1880

7 AGE: Years 45 | Months 8 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): Ins Co

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: John C. Moomaw

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Tennessee.

12 MAIDEN NAME OF MOTHER: Victoria Bowman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Tenn

14 Informant: Mrs. D. F. Moomaw

(Address): Roanoke, Va.

Filed AUG 26 1926 C. HARRISON JONES, M.D. Registrar

By LKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: August 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1926, to Aug. 26, 1926

that I last saw him alive on Aug 26, 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) about 6 yrs yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) about one week yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

Aug 26 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roanoke Va | Date of Burial: Aug 27 19 26

20 UNDERTAKER: Hughes & Jones Inc | ADDRESS: 414 N Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

(Susanna Timmins) ✓

E 13610 HEALTH DEPARTMENT—CITY OF BALTIMORE 148 E 13610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 17-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Susanna Timmins

(a) Residence No. 558 Oxford St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) unknown-1911

7-AGE, 15 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housemaid

(b) General nature of Industry, business, or establishment in which employed (or employer). do

(c) Name of employer.

9-BIRTHPLACE (city or town) Florence

(State or Country) South Carolina

PARENTS.

10-NAME OF FATHER. Hampton Timmins

11-BIRTHPLACE OF FATHER (city or town) Florence

(State or Country) South Carolina

12-MAIDEN NAME OF MOTHER. Mattie McClester

13-BIRTHPLACE OF MOTHER (city or town) Florence

(State or Country) South Carolina

14-

(Informant) Nettie Gordon—sister

(Address) Braddock Pennsylvania

15-

Filed [illegible] 19[illegible] C. HAMPSON JONES, M. D. Registrar.

Per [illegible]

2 7 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926 to Aug 23, 1926

that I last saw h. alive on Aug 23, 1926

and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia 7 hrs.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Margaret B. Ballard M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Florence S. C.	aug 27, 1926
20-UNDERTAKER.	ADDRESS
Milton Davis	316 Edgewood

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 13611

CERTIFICATE OF DEATH.

E 13611

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 921 Hollins St. 18-3 Ward)

2-FULL NAME Baby Cunningham

(a) RESIDENCE NO. 921 Hollins St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9h yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): S/L

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/25/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt

(State or country)

PARENTS

10 NAME OF FATHER Thos Cunningham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Laura Noll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Laura Cunningham

(Address) 921 Hollins St.

Filed AUG 27 1926, 19___ J. C. HAMPSON JONES, M. D. Registrar

By GK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26/26

17

I HEREBY CERTIFY, That I attended deceased from 8/25/26, to 8/26/26, 19___,

that I last saw h.. alive on 8/26/26, 19___,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff.

Atelectasis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY —

(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death Date of

Was there an autopsy

What test confirmed diagnosis? Clinical

(Signed) Bernard Tracy, M. D.

8/26/26 (Address) 910 W Lex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery. Date of Burial Aug 27 1926

20 UNDERTAKER John F. Lawyer & Son per F. J. Lawyer ADDRESS 921 Hollins St.

Very Important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

E 13612 13662 10072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 22-214 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sullivan Mc Carty

(a) RESIDENCE NO. 214 East Church ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas J Mc Carty

6 DATE OF BIRTH (month, day, and year) Nov 20 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Benjamin Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary L Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Mary L Rogers
(Address) 214 E Church St

15 Filed ..... 19 ..... C. HAMILTON ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-26, 1926, to 8-26, 1926 that I last saw h.r alive on 8-26, 1926 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Premature Separation of placenta

(duration) ..... yrs. ..... mos 6 hrs ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of 8-26-26

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

..... 19 (Address) Eng F Dodge Asst Phys

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Broomes Island Md — DATE OF BURIAL Aug 28 1926

20 UNDERTAKER Calvert Co — ADDRESS John F Denny — 715 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13613

CERTIFICATE OF DEATH.

90 E 13613

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2274 N. Charles ST., 17-3 WARD)

2-FULL NAME Thomas E. Culverhouse

(a) RESIDENCE NO. 2274 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Culverhouse

DATE OF BIRTH (month, day, and year) Aug 22 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	0	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Alabama

10 NAME OF FATHER Charles Culverhouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Georgia Vaughn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

Informant Mrs Mattie Blackburn

(Address) 2274 N Charles St

AUG 27 1926 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrissey, M. D.
(Coroner.)

Aug 26, 1926 (Address) 362 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	Aug 30 1926
UNDERTAKER	ADDRESS
H S Marshall	353 Fallsway

Spec.—12-9-25—A Co.—200 Bks.

E 13614

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 13614

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 814 N. Wolfe St., 7-1 Ward)

2-FULL NAME Hyman Becker

(a) RESIDENCE NO. 814 N. Wolf St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 30 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta Becker

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Becker

11 BIRTHPLACE OF FATHER (city or town) [illegible]

(State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Klarowsky

13 BIRTHPLACE OF MOTHER (city or town) [illegible]

(State or country) Russia

14 Informant [illegible]

(Address) 1429 Eutaw St.

Filed AUG 27 1926 19 C. HARRISON JONES, M. D. Registrar

Per OK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 aug 26 - 26

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to aug 25, 1926, that I last saw h[illegible] alive on aug [illegible], 1926, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma (central ana gastric)

(duration) 2 yrs. 7 mos. [illegible] ds.

CONTRIBUTORY (Secondary) Contracted diabetes

(duration) [illegible] yrs. [illegible] mos. 1 ds.

18 Where was disease contracted

If not at place of death? [illegible]

Did an operation precede death? No Date of [illegible]

Was there an autopsy? No

What test confirmed diagnosis? X-ray and Laboratory

(Signed) M. Chodakoff, M. D.

8-27 1926 (Address) 2225 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Workmans Circle Mt. Lebanon Cemetery 8-27-1926

20 UNDERTAKER — ADDRESS

Jack Levin. 1431 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 13615 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13615

CERTIFICATE OF DEATH.

179

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Fleet ST. 1-2 WARD)

2-FULL NAME William H Lynch

(a) RESIDENCE No. 2522 Fleet ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Lynch

6 DATE OF BIRTH (month, day, and year) Aug 4 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Milk Plant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel J Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Sarah E Lynch

(Address) 2522 Fleet

15 Filed 8 27 1926 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Aug 24, 1926.

That I last saw him alive on Aug 23, 1926

And that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Groshans, M. D.

Aug 25, 1926 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 27 1926
20 UNDERTAKER	ADDRESS
H. Sander Sons	1110 Fleet St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13616

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 St Helens Ave St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Henry William Danz

(a) Residence No.... 24 St Helens Ave ....St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Married Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma A Danz

6-DATE OF BIRTH (month, day and year) July 12, 1853

7-AGE, 73 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer)..... retired

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Germany..... (State or Country),

PARENTS.

10-NAME OF FATHER, Frederick Danz

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country),

12-MAIDEN NAME OF MOTHER, Augusta Gottschalk

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14- (Informant)..William H Danz.....
(Address)..2220 W North Ave.....

15- AUG 27 1926 H. HARRISON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 25-1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2 - 1925 to Aug. 25 - 1926 that I last saw h.m alive on Aug. 24 - 1926 and that death occurred, on the date stated above, at 10.45 Am.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation, caused by mitral Regurgitation & Cardiac Hypertrophy.

.....(Duration)..1 yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?.....

(Signed) Edward Bonney, M. D.

Aug 27. 1926 (Address) 2125 Maryland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem. DATE OF BURIAL, Aug. 28. 1926

20-UNDERTAKER, Louis Heemann ADDRESS 32 S Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13617 9 E 13617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 1130 Montpelier Ave St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helena Elizabeth Koch.

(a) Residence No. 1130 Montpelier Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced? (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) December 31/23

7-AGE. 2 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry H. Koch

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lena Louise Martin

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country), ...

11- (Informant) Henry Koch Husband

(Address) 1130 Montpelier Ave.

15- Filed 8/27 1926 C. HAMPSON JONES, M. D. Registrar.

By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) August 27/26

17- I HEREBY CERTIFY, That I attended deceased from July 23rd 1926 to Aug 27th 1926, that I last saw her alive on Aug 27th 1926 and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Colitis.

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Whooping Cough.

(Duration) ..... yrs. 1 mos. 14 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Typical Exam

(Signed) Geo. W. Montgomery M.D.

8/24. 1926 (Address) 401 E 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore County — DATE OF BURIAL. Aug 27 1926

20-UNDERTAKER. George F. Rutt — ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

E 13618

19407 E 13618

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanch Parker

(a) RESIDENCE No. 814 S- Linwood Ave ST. Balto WARD Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Parker,

6 DATE OF BIRTH (month, day, and year) Feb. 1897

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Green Powell

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Sabia

13 BIRTHPLACE OF MOTHER (city or town) Va -
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 AUG 27 1926 C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to Aug 26, 1926, that I last saw her alive on Aug 26, 1926, and that death occurred, on the date stated above, at 7.55 P.m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis. Mitral stenosis + insufficiency. Auricular fibrillation. Myocardial insufficiency (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No - Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Electrocardiograph.

(Signed) Louis E Martin, M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waterpreague Va	Aug 27, 1926
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light

Spec.—1-10-21—M&T—1500 Bks.

E 13619 ✓ E 13619

E 13619 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Druid Hill Ave St. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Monroe

(a) RESIDENCE NO. 1709 Druid Hill Ave ST. — WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Monroe

6 DATE OF BIRTH (month, day, and year): ? 1868

7 AGE: Years 58; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Moses Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Ella B. Hopson

(Address): 1709 Druid Hill Ave

Filed AUG 27 1926 C. THAMPSON JONES, M.D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 24. 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18th, 1926, to Aug 24th 1926, that I last saw her alive on Aug 24th, 1926, and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Stroke Probable

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1709 Druid Hill Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

8/24, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 8/27/1926

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill

Spec.—1-10-21 - M&T - 1500 Blks.

E 13620 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13620

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (2.5.1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thornton Coogenberry

(a) RESIDENCE NO. 1233 E. Lexington st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Coogenberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Stella Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

Filed ..... 19 ..... Per ..... Registrar

15 HARRISON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1926, to Aug. 22, 1926, that I last saw him alive on Aug. 22, 1926, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatteus, M. D.

8-23, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lauriel Cemetery

DATE OF BURIAL 8/23/26

20 UNDERTAKER Geo. Ruth Sons

ADDRESS 1734 Harford

Spec.—1-10-21—M&T—1500 Bks.

E 13621 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13621

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Caton Ave ST. 702 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Gumpman

(a) RESIDENCE No. 517 Caton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Gumpman

6 DATE OF BIRTH (month, day, and year) Nov 2 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Gumpman

(Address) 517 Caton Ave

15 [illegible] JONES, M.D.

AUG 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to Aug 24, 1926.

that I last saw her alive on Aug 24, 1926.

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R. Gustav Dill M. D.

8/27, 1926 (Address) 1509 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Merlin Cemetery — DATE OF BURIAL Aug 27

20 UNDERTAKER Geo A. Kelly Jr & Sons — ADDRESS [illegible]

Spec.—1-10-21 M&T 1500 Blks.

E 13622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13622

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 Register ST. 8-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Steiger

(a) RESIDENCE NO. 1608 Register ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal worker

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jacob Steiger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Porsinger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Ida Bishler
(Address) 1608 N Register st

15 Filed Aug 27, 1926 C. HAMPSON JONES, M. D. Registrar
P.M. GKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 25, 1926, that I last saw him alive on Aug. 22, 1926, and that death occurred, on the date stated above, at 10.15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease.

(Duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma (General)

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Arnreau, M. D.

, 19 (Address) 121 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 28 1926

20 UNDERTAKER: Henry Lutz — ADDRESS: 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 13623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13623

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (~~JOHNS HOPKINS HOSPITAL~~ ST. 78-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lieut. Col. Samuel R Withers

(a) RESIDENCE NO. 4581 Reisterstown Rd. ST. Balto WARD

(Usual place of abode)

(If non-resident give city or town and State) Sebring, Fla.

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? 54 yrs. 3 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Withers

6 DATE OF BIRTH (month, day, and year) May-2-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54		3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salvation Army Officer

(b) General nature of industry, business, or establishment in which employed (or employer) Salvation Army

(c) Name of employer Salvation Army

9 BIRTHPLACE (city or town) Pa - Lancaster Pa.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Withers

11 BIRTHPLACE OF FATHER (city or town) Harrisburg
(State or country) Pa

12 MAIDEN NAME OF MOTHER Annie Reimer

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Records
(Address)

15 Filed AUG 27 1926 JOHNS HOPKINS HOSPITAL C. HARRISON JONES, Registrar

Pa

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1926

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926, to Aug 26, 1926, that I last saw him alive on Aug 26, 1926, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) None -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No -

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kensico, N.Y. DATE OF BURIAL Aug. 27/1926.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Surviving)

ADDRESS 1031 N. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

E 13624

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 13624

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. St Josephs Hospital ST., 9-7 WARD)

2-FULL NAME Miss Ella Cavanagh.

(a) RESIDENCE NO. 1429 E Hoffman. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Peter Cavanagh

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Nanion

13 BIRTHPLACE OF MOTHER (city or town) Ireland. (State or country)

14 Informant St. Joseph's Hospital Record (Address)

15 Filed AUG 27 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1926, to Aug 25, 1926, that I last saw her alive on Aug 25, 1926 and that death occurred, on the date stated above, at 5:15 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial, Nephritis
Chr Myocarditis.
Senile Dementia.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no -

What test confirmed diagnosis? Clinical

(Signed) H. [illegible], M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 8/28 1926

20 UNDERTAKER: Henry W. Spears and Son — ADDRESS: 805 N Calvert

Spec.—12-9-25—A Co.—200 Bks.

E 13625

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-100

E 13625

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1723 S. Clinton St. 176-8 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Lackl.

(a) RESIDENCE NO. 1723 S. Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ludwig. Lackl.

6 DATE OF BIRTH (month, day, and year): Sept 7-1888

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
38	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town): —

(State or country): Germany.

PARENTS

10 NAME OF FATHER: Peter Spettel.

11 BIRTHPLACE OF FATHER (city or town): —

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Kate Neumeyer

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Germany

14 Informant: Ludwig. Lackl.

(Address) 1723 S. Clinton St.

15 Filed ..... 19.. C. CAMPBELL JONES, M. D.

1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Aug. 26-1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to Aug 26, 1926,

that I last saw h.er alive on Aug 26, 1926,

and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Beta Paralysis Shaid

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage from Ulcer

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Blood in Health Dept

(Signed) Horace B. Tilson, M. D.

8/26. 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial: Aug. 28 1926

20 UNDERTAKER: Tilly & Zeiler. ADDRESS: 453 Mont St

Spec.—1-10-21—M&T—1500 Bks.

E 13626 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 160 E 13626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Biddle St. 10-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Kaboski

(a) RESIDENCE No. 1106 E Biddle St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Ralph Kaboski

11 BIRTHPLACE OF FATHER (city or town) Cumberland (State or country) Md.

12 MAIDEN NAME OF MOTHER Viola Silver

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Viola Kaboski
(Address) 1106 E. Biddle St.

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar
Per AHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 23 1926, to Aug 27 1926, that I last saw him alive on Aug 27 1926, and that death occurred, on the date stated above, at 7.05 a. m.

The CAUSE OF DEATH* was as follows:

malnutrition, chronic congenital asthenia.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) J. Lee Magruder M. D.

8, 27, 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Aug 28 1926

20 UNDERTAKER Henry Hoen Sons — ADDRESS 1301 E. Eager St

Spec.—1-10-21—M&T—1500 Rks.

E 13627

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13627

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Presbury ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Matilda Trueman

(a) RESIDENCE, NO. 1707 Presbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress Odl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Frank Roberts.

9 BIRTHPLACE (city or town) (State or country) Frederick - Md.

PARENTS

10 NAME OF FATHER Alfred Trueman

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Ireland.

13 BIRTHPLACE OF MOTHER (city or town) Sykesville (State or country) Md.

14 Informant Hannah Trueman (Address) 1707 Presbury.

15 Filed [illegible] 1926 C. HAMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Aug 25, 1926, that I last saw h[illegible] alive on Aug 25, 1926, and that death occurred, on the date stated above, at about 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Carchiac Asthma - Arterio Sclerosis

(duration) about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J J Roberts, M. D.

, 19 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Aug 28 26

20 UNDERTAKER D S Marshall ADDRESS 3539 Fall Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13628

CERTIFICATE OF DEATH.

122

1-PLACE OF DEATH

City of BALTIMORE: (No. 1631 Abbott St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Wm. H. Hauck

(a) Residence No. 1631 Abbott St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-If ~~married~~, Single, Married, ~~Widowed~~, or Divorced, (Write the word.)

5a-If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Lizetta Hauck

6-DATE OF BIRTH (month, day and year) 6. 26. 66

7-AGE, 60 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work. Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. None for 2 years

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John C Hauck

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Christina Dreibach

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Mr. Wm Hauck

(Address) 1631 Abbott st

15- Filed 7 1926, 19.. C. HAMPSON JONES, M. D. Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8. 27. 26.

I HEREBY CERTIFY, That I attended deceased from November 1 of 1925 to August 27 1926

that I last saw him alive on August 26 1926

and that death occurred, on the date stated above, at 6 50 A. m.

The CAUSE OF DEATH* was as follows:

1. Cirrhosis of Liver

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) General Dropsy

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harlee H. A. Meyer M. D.

27, 1926 (Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem

DATE OF BURIAL, Aug 30. 1926

20-UNDERTAKER. John Meneke

ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

1947 756 13629

HEALTH DEPARTMENT—CITY OF BALTIMORE

13629

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-7 WARD)

2-FULL NAME Robert Randolph

(a) RESIDENCE NO. 915 N. Carrollton Ave ST., Balto WARD Md — Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Clarksburg

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	45 —			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John Randolph

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Hawkins

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Aug 26, 1926, that I last saw him alive on Aug 26, 1926, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Louis C Martin, M. D.

, 19 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarksburg Md. DATE OF BURIAL Aug 29 1926

20 UNDERTAKER Ernest A Gaither ADDRESS Gaithersburg Md

Cor.—12-9-25—A Co.—200 Bks.

13630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13630

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 N. Bond St. St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Celia.

(a) RESIDENCE NO. 1014 N. Bond St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. 3 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) May 7, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Celia.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy.

12 MAIDEN NAME OF MOTHER Rosie Muroto.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy.

14 Informant Rosie Celia. (mother)

(Address) 1014 N. Bond St.

7 1926 C. HAMPSON JONES, M. D. Registrar.

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastero Intestinal Indigestion

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

8/27 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery Date of Burial 8/28 1926

20 UNDERTAKER George & Ruth ADDRESS 1735 Harford Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13631

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-02

E 13631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 W. Lee St. 22 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Lowenthal Jr.

(a) RESIDENCE. No. 10 W. Lee St. WARD. 22nd.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Samuel Lowenthal

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Frances Mister

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co.
(State or country)

14 Informant Husband
(Address) 10 W. Lee St.

15 Filed 7 1926 C. HAMPSON JONES, M. D., Registrar.
Per ———

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926 to Aug 27, 1926 that I last saw h— alive on Aug 26, 1926 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Birth injury.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry E. Wilson, M. D.

, 19 (Address) 13 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Talbot Co Tilghmans Island DATE OF BURIAL Aug 27 1926

20 UNDERTAKER Jno Levy ADDRESS 502 E North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13632 E 13632

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Jackson ST. 24 WARD)

2-FULL NAME Albert C Reeder Jr

(a) RESIDENCE No. 1519 Jackson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 12 1926

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Albert C Reeder

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Marg't Markede

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Albert C Reeder
(Address) 1519 Jackson St

15 1926 C. HAMPSON JONES, M. D. Registrar
Per ARR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22 1926, to Aug. 27 1926, that I last saw h[illegible] alive on Aug 26 1926, and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Decubitus & Cachexia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Heart

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Hampson M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 8-28 1926

20 UNDERTAKER E & B Hark — ADDRESS 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

E 13633 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13633

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Eutaw ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James. Crumpler -

(a) RESIDENCE NO. 920 N. Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? (If non-resident give city or town and State) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Crumpler Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Eva Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant James. Crumpler Sr.

(Address) 920 N. Eutaw

15 Filed 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per DKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 26 - 1926 to Aug 26 1926

that I last saw him alive on Aug 26 - 1926

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain M. D.

19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Aug 27 26

20 UNDERTAKER James L Wheeley

ADDRESS 578 W Balto

E 13634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Mt. Clare Junction St. B&O R.R. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Akers

(Residence in Baltimore: No. 828 N. Lakewood Ave St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or ~~Divorced~~, (Write the word.) Widower

6-DATE OF BIRTH, Sept 3 1878
(Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Repairman
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R.R.

9-BIRTHPLACE, (State or Country) Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas D. Harris

(Address) 828 N. Lakewood Ave

15- Filed 28 1926 C. HAMPSON JONES, M. D. Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8-27th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by me Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage
Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fright Car run over by

(Duration) yrs. mos. ds.

(Signed) Wm. H. Norton M. D.
(Coroner.)

Aug 27-1926 (Address) Forbes Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, National Cem — DATE OF BURIAL, 8-28 1926

20-UNDERTAKER, Robert Brooks & Son — ADDRESS Calhoun & Mullins sts

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13635

E 13635

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 8-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenna Curtis

(a) RESIDENCE NO. 1741 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edward L Curtis

6 DATE OF BIRTH (month, day, and year): Jan. 1901

7 AGE: Years 25 | Months 7 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mathews Co. Va

PARENTS

10 NAME OF FATHER: Collie Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lenna L Curtis

(Address) 1741 N Dallas St

15 Filed [illegible] 19 [illegible] Registrar: C. HAMPSON JONES, M.D.

G 28 1926 Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-26 19 26

17 I HEREBY CERTIFY, That I attended deceased from 8-14, 19 26, to 8-26, 19 26, that I last saw her alive on 8-25, 19 26, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W W Butler, M. D.

, 19 (Address) 4 rs N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mathews Co. Va — DATE OF BURIAL: Aug 1 1926

UNDERTAKER: Trinkle & Seitz — ADDRESS: 709 W 33 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13636

CERTIFICATE OF DEATH.

144 E 13636

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Green

(a) RESIDENCE NO. 713 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) — 0/0

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER George Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Martha Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant J K Hoerner MD
(Address) Johns Hopkins Hospital

15 Filed 8 28 1926, 19.. C. HARRISON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-5 am Aug 25, 1926, to 8-25 am Aug 25, 1926, that I last saw her alive on Aug. 25, 1926, and that death occurred, on the date stated above, at 8 25 a. m.

The CAUSE OF DEATH* was as follows:

Premature separation of placenta
Post partum hemorrhage
Shock

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Yes Fibroma uterus

What test confirmed diagnosis? Intramuscular hemorrhage

(Signed) J K Hoerner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayotty A.A. 60 — DATE OF BURIAL 8/29 1926

20 UNDERTAKER Jas. M. Skinner — ADDRESS 620 E. Broad st

Cor.—12-9-25—A Co.—200 Bks.

Jack Biedzinski

E 13637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13637

168

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Jail. St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter or Jack BIEDSINSKI Birdwski

(a) RESIDENCE NO. 612 S. Bethel St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---- da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of (BIEDZINSKI) Julia Birdwski.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	----		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland.

PARENTS

10 NAME OF FATHER George (BIEDZINSKI) Birdwski.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Rabel.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Catherine Buczkowski. (sister)

(Address) 407 S. Chapel St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By .....

8 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....da.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

8/27 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Date of Burial Aug 28 1926

20 UNDERTAKER George C. Weber ADDRESS 2205 Bank st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13638 E 13638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 43-5 ST. 131 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Albert Neuhahn

(a) RESIDENCE No. 2507 Brookfield Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Neuhahn

6 DATE OF BIRTH (month, day, and year) Sept. 7 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Crep. Cleaning

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Michael Neuhahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Blanche Adler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. R. Neuhahn

(Address) 2502 Brookfield Ave

15 Filed AUG 28 1926 C. HAMILTON SELLERS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Aug 27, 1926, that I last saw him alive on Aug 27, 1926, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Hydropyelonephrosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Shock - Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Aug 27, 1926 Removal of Kidney

Was there an autopsy?

What test confirmed diagnosis? Operation after clinical signs

(Signed) John A. Askin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cem. DATE OF BURIAL 8/29 1926

20 UNDERTAKER David Sondheim ADDRESS 1100 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13639

E 13639

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Victor Rosenthal

(a) RESIDENCE NO. Marlborough apts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rosenthal

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dept. Store 045

(b) General nature of industry, business, or establishment in which employed (or employer) Owner

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Emil Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Blumenthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Ms. M. Rosenthal (Address) W. Mt. Vernon Pl.

15 Filed AUG 29 1926 H. HARRISON WALKER, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 6th, 1926, to Aug. 26, 1926

that I last saw h[illegible] alive on Aug. 26, 1926

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Myocarditis

(duration) yrs. 2 mos 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms

(Signed) H. Victor Selinger M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shet Shalom Cem.

DATE OF BURIAL 8/29/1926

20 UNDERTAKER Harid Sundheim

ADDRESS 1520 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13640

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 13640

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hosp.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1122 N. Mount ST. 11-2 WARD)

2-FULL NAME Carrie A Frazier

(a) RESIDENCE NO. 945 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ?, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widowed.

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of ?.?. Frazier. 1821

6 DATE OF BIRTH (month, day, and year) about 55 yrs.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55 yrs.	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Henry Marlowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria Va.

14 Informant Geo A Marlow
(Address) 945 Druid Hill ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Per ..... Registrar

C 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27 — 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-19-, 1926, to 8-27-26, 19 .
that I last saw her alive on 8-27-26, 19 ,
and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid.
Ac. obstruction.
then colostomy 8-24-26-

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ac. Peritonitis.
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 8-24-26
Was there an autopsy? no.
What test confirmed diagnosis? operation
(Signed) T. J. Taylor, M. D.
8-27, 1926 (Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W Laurens Ley	Aug 28/1926
20 UNDERTAKER Hamm Eastern	ADDRESS

Cor.—1-12-23—M&T—100 Bks.

Walter Cook

HEALTH DEPARTMENT—CITY OF BALTIMORE

1003

E 13641

CERTIFICATE OF DEATH.

188

E 13641

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Dolphin St. ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Cook

(a) RESIDENCE NO. 405 Dolphin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Cook

DATE OF BIRTH (month, day, and year) about 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) N.K.O.
(c) Name of employer General

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Stephen Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Alice Brooks
(Address) 405 Dolphin St.

Filed 8-8 1926 H. A. HANSON (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

8/28, 1926 (Address) 2702 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	Aug 28 1926

20 UNDERTAKER Harriet Easter ADDRESS 84 Ell

Cor.—1-12-23—M&T—100 Blks.

E 13642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13642

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 N. Franklin ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Adams

(a) RESIDENCE NO. 926 N. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced (or) WIFE of: Wm. J. Adams

DATE OF BIRTH (month, day, and year): 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John F. Metz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co. Md

12 MAIDEN NAME OF MOTHER: Elizabeth Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co. Md

Informant: Miss Laura Metz

(Address): 926 N. Franklin St.

Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

By ..... Per CKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 27, 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

Instantaneous

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fall from window

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

8/28/24 192 (Address) 2702 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cem	Aug 30 1924
20 UNDERTAKER: Geo. H. Little	ADDRESS: 2702 Edmondson Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 13643

E 13643

1-PLACE OF DEATH

City of BALTIMORE: (No. 51 Gay Ave Graceland St. Pk 46-7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Kratochvil

(a) RESIDENCE NO. 51 Gay Ave. Graceland St. Pk Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 26-1926

7 AGE: Years — | Months 4 | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Stephen Kratochvil

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Helen Erlik

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Austria

14 Informant (Address): Helen Kratochvil 51 Gay ave Graceland Pk

15 Filed.....19 C. HARRISON JONES, M.D. Registrar

Per

AUG 28 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 26 19-1926

17

I HEREBY CERTIFY, That I attended deceased from 8/21/26, 19....., to 8/25, 1926, that I last saw h.... alive on 8/25, 1926, and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) .....yrs. .....mos. 2 ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Gerell M. D.

8/27 1926 (Address) 633-5-84

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Aug. Date of Burial 28th 1926

20 UNDERTAKER: Feilg & Zahn. ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 13644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13644

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Aliceanna ST 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNA V. BUDRONSKI,

(a) RESIDENCE NO. 1713 Aliceanna ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31-1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None, none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) MD.

PARENTS

10 NAME OF FATHER Ignatius Budronski,

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) MD.

12 MAIDEN NAME OF MOTHER Katherine Chrzanowska,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) MD.

14 Informant Mrs. Katherine Budronski,
(Address) 1713 Aliceanna Street

15 Filed AUG 28 1926

C. HAMPSON JONES, M. D.
19 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28th, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1926, to Aug 28, 1926,

that I last saw her alive on Aug 27, 1926;

and that death occurred, on the date stated above, at 2 a, m.

The CAUSE OF DEATH* was as follows:

Entero-colitis (acute)

(duration) yrs. — mos 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. one ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Kehlberger, M. D.

(Address) 1709 alice Anna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery,

DATE OF BURIAL Aug. 29-1926.

20 UNDERTAKER M. F. Sadowski.

ADDRESS 705 S. Ann

Cor.—12-9-25—A Co.—200 Bks.

E 13645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13645

74-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 515 East St. St., 5-1 Ward)

2-FULL NAME Jane Payton.(C)

(a) RESIDENCE NO. 515 East St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ---mos.---ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	Colored	Widow.

6a If ~~married, widowed, or divorced~~ (or) WIFE of William Payton.(C)

6 DATE OF BIRTH (month, day, and year) January--- 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	7	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Virginia.

PARENTS

10 NAME OF FATHER John Payton.(C)

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Margaret Gaines.(C)

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Virginia.

14 Informant Bessie Roane.(sister)

(Address) 1023 S.18th.St.Philadelphia.Pa.

Filed _____ 19____ C. HAMPSON JONES, M. D. Registrar

AUG 28 1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Otto Reinhardt (Coroner) M. D.

8/27 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reburn Cem. Date of Burial Aug. 29 1926

20 UNDERTAKER Wm J. G. Locks ADDRESS 1302 Ffe Ave

Spec.—1-10-21—M&T—1500 Blks.

E 13646 E/13646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH Union Memorial Hospital Calvert & 33rd st. Balto 26

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Mr. J. Krebs Rusk

(a) RESIDENCE NO. 110 Elmwood Grove ST., Roland Park WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 14 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62 yrs	6 mos	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer 0+2

(b) General nature of industry, business, or establishment in which employed (or employer) Practice of Law

(c) Nume of employer ✓

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Rusk

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Lane

13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) D. C.

14 Informant Deceased (From admission History)
(Address)

Filed AUG 28 1926 C. HAMPSON JONES, M. D. Registrar

By H. Asch

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1926, to Aug 27, 1926, that I last saw him alive on Aug 27, 1926, and that death occurred, on the date stated above, at 9:40 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
H. Coronary Thrombosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Geraghty, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Aug 30 1926

UNDERTAKER John B. Spence — ADDRESS 1325 N. Caroline St
2700 Eutaw ave

Spec.—1-10-21—M&T—1500 Bks.

1926 E 13647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13647

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Sasscer

(a) RESIDENCE NO. 805 Brookline Av ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. 5 mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Mar. 11, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER James Sasscer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER Margaret Schuyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

14 Informant: Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Date: AUG 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Aug 27, 1926, that I last saw her alive on Aug 27, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Enteric colitis

Pneumonia, bronchial

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) B M Ratledge, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 8/28, 1926

20 UNDERTAKER: Henry U. Mears and Sons

ADDRESS: 29 N Calvert

Spec.—1-10-21—M&T—1500 Bks.

E 13648

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 13648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Frederick ST., (Brooklyn) 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Cornelia Higdon

(a) RESIDENCE NO. 507-Frederick ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) 8/10/26.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer Infant

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER William Higdon

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Roberta Lorraine

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Ingrette E. Schafer. (Address)

15 Filed ..., 19 ... Registrar

AUG 28 1926

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/10/26, 1926, to Aug 27, 1926

that I last saw her alive on Aug 25, 1926

and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 mos.)
Malnutrition.

(duration) ... yrs. ... mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Infant, M. D.

, 19 (Address) 810 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Aug 28 19 26

20 UNDERTAKER Chas. L. Sievers

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13649

CERTIFICATE OF DEATH.

185 E 13649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Ales

(a) RESIDENCE No. 1102 S. Streeper St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if of foreign birth? 46 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony Ales

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Ales

(Address) 1102 S. Streeper St

Filed AUG 28 1926 C. HAMPSON JONES, Registrar

Rec. 2nd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-18-26 to 8-26-1926, that I last saw him alive on 8-26-1926, 19 , and that death occurred, on the date stated above, at 12 30 pm

The CAUSE OF DEATH* was as follows:

Abdominal fracture

left femur - 1

over

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) Cerebritis left leg — (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-25-1926

Was there an autopsy? yes

What test confirmed diagnosis? Obs findings

(Signed) Edwin M. Stanton M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem DATE OF BURIAL Aug 30 1926

20 UNDERTAKER Stephen Siakowski ADDRESS Kenwood Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13650

CERTIFICATE OF DEATH.

49 E 13650

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 S Eutaw St. 72-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Amas

(a) RESIDENCE NO. 219 S Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John Amas

11 BIRTHPLACE OF FATHER (city or town) Balt Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Lovell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Mrs. Murrell

(Address) 3 Fanny Road

Filed AUG 28 1926, 19 C. HAMILTON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Abdomen

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Steiner M. D.
(Coroner)

, 192 (Address) 325 Poplar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Hayden Aug 25 1926

20 UNDERTAKER ADDRESS

A Silas Hall 357 Fallsway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13651

CERTIFICATE OF DEATH.

129 E 13651

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 835 Woodward St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Herman Blimline

(a) RESIDENCE NO. 835 Woodward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine H. Blimline

6 DATE OF BIRTH (month, day, and year) Jan 8 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Blue Ribbon Candy Co

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew Blimline

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Bonsack

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Catherine H. Blimline

(Address) 835 Woodward St

Filed 1926 C. HA[illegible] Registrar

AUG 28 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 6 1926 to Aug 27 1926,

that I last saw h[illegible] alive on Aug 26 1926,

and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis 10 yrs

(duration) yrs. mos. ds.

Pulmonary Congestion 2

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic Evt

(Signed) J. M. Orbeck, M. D.

Aug 28 1926 (Address) 624 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem	Aug 30 1926

20 UNDERTAKER	ADDRESS
Jos Joerdens & Son	207 S Pac.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13652

CERTIFICATE OF DEATH.

117

E 13652

REGISTERED NO.

1-PLACE OF DEATH The Church Home & Infirmary

City of BALTIMORE: (No. 503. Madeira St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bennett.

(a) RESIDENCE NO. 503 W Madeira St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 8-1878

7 AGE: 48 Years | 6 Months | 19 Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): 51

(c) Name of employer: Bacon Motor Co

9 BIRTHPLACE (city or town)

(State or country): Somerset Co

PARENTS

10 NAME OF FATHER: Wm. F. Bennett

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Boston

12 MAIDEN NAME OF MOTHER: Sarah Rivell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Somerset Co

14 Informant (Address): Edwd. F. Smith 1104 E. Fairmount st

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1926, to Aug 27, 1926,

that I last saw him alive on Aug 27, 1926,

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute, ruptured

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Peritonitis, general

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug 21, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation (Appendectomy).

(Signed) Thos. J. P. Wilson, Jr., M. D.

. 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount FM

Date of Burial: Aug 29th 1926

20 UNDERTAKER: H. S. Brannenburg Son

ADDRESS 517 N. Schroeder

Spec.—1-10-21—M&T—1500 Bks.

p 4 917
13653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13653

CERTIFICATE OF DEATH.

X 44

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 91 WARD)

2-FULL NAME Joshua Shiseley

(a) RESIDENCE No. 1026 Savannah Ave. ST., Williamsburg - Pa -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER P. B. Shiseley

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) Va —
(State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1926, to Aug 27, 1926, that I last saw him alive on Aug 27, 1926, and that death occurred, on the date stated above, at 11 05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with metastases.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary anaemia, malnutrition, Dehydration, (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — J. H. H.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lyle Grove Va	8/28/26
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Berry

E 13654

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 13654

1-PLACE OF DEATH 3027 West North ave 23 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morton Henry Bachrach -

(Residence in Baltimore: No. 3027 W. North ave St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: November 10th (Month) (Day), 1887 (Year)

7-AGE: 38 — 37 yrs. 9 mos. 18 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9-BIRTHPLACE (State or country): Ohio, Col.

PARENTS

10-NAME OF FATHER: Louis Bachrach -

11-BIRTHPLACE OF FATHER (State or country): Baltimore md

12-MAIDEN NAME OF MOTHER: Etta Strauss

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hannah Bachrach

(Address) 3027 W North

15- Aug 24 1926

C. HAMPSON JONES, M. D.

191 Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 28 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1926, to, Aug 28 1926, that I saw him dead on Aug 28 1926, and that death occurred, on the date stated above, at 1:04 p.m.

The CAUSE OF DEATH* was as follows:

Sleeping Sickness

(Duration) 6 yrs mos. ds.

Contributory (SECONDARY) Acute Cardiac dilitation

(Duration) yrs mos. ds.

(Signed), I M P Byerly M. D.

Aug 28th 1926 [Address] 3848 W. North ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Chet Shalom Cemetery

DATE OF BURIAL: Aug 28 1926

20-UNDERTAKER: J. Aherne Co

ADDRESS: 331 Reisterstown Rd

Spec.—1-12-23—M&T—500 Bks.

E 13655

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13655

CERTIFICATE OF DEATH.

159-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 19 WARD) 9-12-4

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Freeman Gregg.

(a) RESIDENCE NO. 3232 Abel Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 18, 1926.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	

OCCUPATION OF DECEASED infant.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER William Truman Gregg

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Sunbury, Penna.

12 MAIDEN NAME OF MOTHER Mary Alethea Patterson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mooresville, Penna.

Informant Mother.
(Address) 3232 Abel ave.

Filed 9-1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1926, to Aug. 27, 1926.

that I last saw him alive on Aug. 27, 1926.

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Pyloric Stenosis

(duration) yrs. 1 mos 9 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 27, 26

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 8 A 1926

20 UNDERTAKER E. L. Fanning, 1906 E. Lafayette Ave

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Eks.

E 13656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13656

CERTIFICATE OF DEATH.

7H-001

1-PLACE OF DEATH Baltimore Maryland 16-7

Registered No.....

City of BALTIMORE: (No. 703 N. Carey St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Thomas Person.

(a) Residence No. 703 N. Carey St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie A. Husband of Person.

6-DATE OF BIRTH (month, day and year) October 1866

7-AGE. 59 60 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter 50

(b) General nature of industry, business, or establisbment in which employed (or employer) Paint Shop.

(c) Name of employer Lyon and Sons.

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Eli Barrett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Not Known.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) Mrs. Fannie Person

(Address) 703 N. Carey St

15- Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 28. 26

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 S. P. M. Aug. 27 1926, to 1.30 A. M. Aug. 28th 1926.

that I last saw him alive on Aug 28th 1926

and that death occurred, on the date stated above, at 2.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No Only

What test confirmed diagnosis? Clinical findings

(Signed) Samuel Fargo M. D.

, 19 (Address) 2937 N. Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon P. C. DATE OF BURIAL Aug 30 1926

20-UNDERTAKER Samuel Fraley & Bro ADDRESS Baltimore

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13657 E 13657

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Baltimore Ave ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarissa Cutts

(a) RESIDENCE NO. 3700 Baltimore Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April About 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER George Cutts

11 BIRTHPLACE OF FATHER (city or town) Missouri
(State or country)

12 MAIDEN NAME OF MOTHER Lucille Bodley

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant George Cutts
(Address) 3700 Baltimore Ave.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Aug. 28 1926 (Address) 711 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 28 1926
20 UNDERTAKER Virginia A. Brooks	ADDRESS 1463 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

E 13658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Druid Hill Ave. WARD) 11-1

REGISTERED NO. 194

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Hardy

(a) RESIDENCE NO. 1231 Druid Hill Ave Street WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Beulah R. Hardy

6 DATE OF BIRTH (month, day, and year) — — 1861 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatter 17

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Rennert Hatter

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John S. Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Beulah R. Hardy

(Address) 1231 Druid Hill Ave

15 Aug 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 22 . 1926 . to Aug. 26 . 1926 .

that I last saw him alive on Aug. 26th . 1926 .

and that death occurred, on the date stated above, at 5.0 P.M.

The CAUSE OF DEATH* was as follows:

Heart Contusion

(duration) 5 yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

8/27, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Aug 29 1926

20 UNDERTAKER Wm H Chase Son

ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

(Luthardt)

E 13659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13659

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Pat. Pk. ave ST.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Luthardt

(a) RESIDENCE NO. 4305 Patt. Pk. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Luthardt

6 DATE OF BIRTH (month, day, and year): Jan. 3 1873

7 AGE: Years 53 Months 7 Days 24 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Md

PARENTS

10 NAME OF FATHER: Friedrich Horron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Bridget McCarty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

14 Informant: George Luthardt

(Address) 430 E. Pratt St Apt

15 Filed 9 1926 C. HAMPSON JONES, M. D.

By ROB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/11, 1926, to 8/27, 1926, that I last saw h 4 alive on 8/27, 1926, and that death occurred, on the date stated above, at 11.3 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

15 days

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel Strickland, M. D.

(Address) 8325 Pelham 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: August 1926

20 UNDERTAKER: Wendell Dipple & Son — ADDRESS: 320 Aisquith

Spec.—1-10-21—M&T—1500 Blks.

Anna Wujak

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13660 E 13660

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. 3-4 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wujak

(a) RESIDENCE NO. 847 So. Dallas ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Work

(b) General nature of industry, business, or establishment in which employed (or employer) Tonic

(c) Name of employer Cook Cola Mfg. Co.

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Anthony Wujak

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Hospital Records
(Address)

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26 1926

17

I HEREBY CERTIFY, That I attended deceased from July 24, 19..., to ..., 19 26,

that I last saw h... alive on ..., 19 26,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. E. Sellers M. D.

8-26-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Aug 30 1926

20 UNDERTAKER J. W. Ozazewski

ADDRESS 1930 Eastern Ave

13661 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13661

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

City of BALTIMORE (No. 1012 Vine St. 16-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Morgan

(Residence in Baltimore: No. 1012 Vine St.; yrs. 44 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Cold

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Sept 23rd 1882
(Month) (Day) (Year)

7-AGE 31 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Odd

9-BIRTHPLACE, (State or Country). Balto

PARENTS:

10-NAME OF FATHER, Edward L Morgan

11-BIRTHPLACE OF FATHER, (State or Country). Balto

12-MAIDEN NAME OF MOTHER Maria Gibson

13-BIRTHPLACE OF MOTHER, (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Morgan

(Address) 1012 Vine St

15- 9-1926 C. HAMPSON JONES, M. D. Registrar.

Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. 5 mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. at once mos. ....ds.

(Signed) Jno A Boston M. D.
(Coroner.)

Aug 26 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Olivet Cemetery	8/29 1926
20-UNDERTAKER. Walter E. Spriggs	ADDRESS 1314 W. Hamburg St.

13662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13662

7H-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5028 Lakefield Rd 28-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Karl Melamet

(Residence in Baltimore: No. 5028 Lakefield R'd ~~St~~ Yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 21 (Day) 1892 (Year)

7-AGE, 34 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Teacher
(b) General nature of industry, business, or establishment in which employed (or employer). Baltimore City College

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. David S. Melamet

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Emmie Hiking

13-BIRTHPLACE OF MOTHER, (State or Country). Cape Town Africa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David S. Melamet

(Address) 817 Park Ave

15-

Filed AUG 31 1926

C. HAMPSON JONES, M. D. Registrar.

Per ACH

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs. ~ mos. 1 ds.

CONTRIBUTORY (Secondary) None Known

(Duration).....yrs.....mos.....ds.

(Signed) D. T. Hennessey M. D. (Coroner.)

1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md — DATE OF BURIAL, Aug 29 1926

20-UNDERTAKER, Jos B Cook — ADDRESS 1003 W Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

E 13663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13663

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Youngstown & Carnegie Ave. St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha; Kropp

(a) RESIDENCE NO. 411 S. Regester Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard . Kropp

6 DATE OF BIRTH (month, day, and year) Sep. 22 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Frank . Franckiewicz

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Rose . Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Mr. Bernard . Kropp Husband

(Address) 411 S. Regester Street

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per mdl

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28/26 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 26 1926, to Aug 27 1926

that I last saw h. alive on Aug 27 1926

and that death occurred, on the date stated above, at 6 1 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Lee Ryland, M.D.

Aug 29 26 (Address) 89 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Stanislaus Cem. Aug 31 1926

20 UNDERTAKER ADDRESS

John M Weber 803 Bank St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13664 E 13664

CERTIFICATE OF DEATH.

1-4 185

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S. Langlotz.

(a) RESIDENCE NO. 4 S. East St. St.____ Ward____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, widowed, or divorced, HUSBAND of Julia Langlotz.

6 DATE OF BIRTH (month, day, and year) July 22, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter.

(b) General nature of industry, business, or establishment in which employed (or employer): D 50

(c) Name of employer

9 BIRTHPLACE (city or town)____

(State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Otto Langlotz.

11 BIRTHPLACE OF FATHER (city or town)____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Sailor.

13 BIRTHPLACE OF MOTHER (city or town)____

(State or country) Delaware.

14 Informant Julia Langlotz. (wife)

(Address) 4 S. East St.

15 Filed ____ 19__ C. HAMPSON JONES, M. D. Registrar

9 1926 Per RKB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Fall from a scaffold.
Accidental Death.

(duration) __ yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary)____ (duration) __ yrs. __ mos. __ ds.

(Signed) Otto M. Eimbach M. D.
(Coroner)

8/27 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death __ yrs. __ mos. __ ds. In the State __ yrs. __ mos. __ ds.

Where was disease contracted, if not at place of death? Gayety Theatre. August 26, 1926

Former or usual residence____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem Aug 29 1926

Date of Burial

20 UNDERTAKER John C. Miller ADDRESS 2435 E Oliver St

Spec.—1-10-21—M&T—1500 Bks.

1948 49 13665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

76-3 120 E 13665

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. ..... WARD)

2-FULL NAME August Leineweber

(a) RESIDENCE NO. 611 N. East Ave. ST., Balto WARD Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 43 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Malta

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Leineweber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar
Per Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1926, to Aug 28, 1926, that I last saw him alive on Aug 28, 1926, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Probably cirrhosis of the liver as a basis for hepatic coma as the final clinical picture.

(duration) yrs. ... mos. 25 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? J. H. H.

Did an operation precede death? — Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) Lewis E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 8/31 1926

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

E 13666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 13666

1-PLACE OF DEATH

City of BALTIMORE: (No. #122 N. Rose St. St., 6-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent L. Herrlein

(a) RESIDENCE NO. #122 N. Rose St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice L. Herrlein

6 DATE OF BIRTH (month, day, and year) Nov. 11th. 70

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Produce Business

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) City

PARENTS

10 NAME OF FATHER John J. Herrlein

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Lang

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Alice L. Herrlein

(Address) #122 N. Rose St.

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Aug 26/26

17 I HEREBY CERTIFY, That I attended deceased from 8/15, 19 24, to 8/26, 19 26, that I last saw h__ alive on 8/25, 19 26, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)_____

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus Type

(Signed) Daniel Strahl M. D.

, 192 , (Address) 3337 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 8/30 19 26

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 13667 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13667

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Edmondson Ave WARD 18-1)

2-FULL NAME John R. Webb

(a) RESIDENCE No. 825 Edmondson Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Webb

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod carrier

(b) General nature of industry, business, or establishment in which employed (or employer): 25

(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Florence Webb

(Address) 825 Edmondson Ave

15 AUG 29 1926 C. HAMPSON JONES, M. D. Registrar

Per WRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Aug 27, 1926, that I last saw h alive on Aug 24, 1926, and that death occurred, on the date stated above, at 3:15 a m.

The CAUSE OF DEATH* was as follows: Cardiac Lesion

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Jones, M. D.

Aug 28 1926 (Address) 713 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Aug 29 19 26

20 UNDERTAKER: John N. Graden — ADDRESS: Pond Near

Spec.—12-9-25—A Co.—200 Bks.

E 13668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13668

CERTIFICATE OF DEATH.

31

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 20 W. Hamilton St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis J. Corcoran

(a) RESIDENCE NO. 707 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Electric Store

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER P. F. Corcoran

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Schuman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Mrs. P. F. Corcoran

(Address) Baltimore

C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Aug 27

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1926, to Aug 27, 1926

that I last saw h.. alive on Aug 27, 1926

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Incipient

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. C. Campbell M. D.

Aug 26 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial 8/30 1926

20 UNDERTAKER D. D. Fahey Son — ADDRESS 1218 Light St

8 1926

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13669

CERTIFICATE OF DEATH.

118-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Stricker ST.) 19-W (WARD)

2-FULL NAME Martha Shoemaker

(a) RESIDENCE. No. 323 S. Stricker ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of—
(or) WIFE of Jessie Shoemaker

6 DATE OF BIRTH (month, day, and year) Sept 20 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)
(State or country) Va.

PARENTS

10 NAME OF FATHER Rubin Holtzinger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Isadora Fitzwater
(Address) 323 S. Stricker St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Aug 27, 1926,

that I last saw h alive on Aug 27, 1926,

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Jno A. Donovan, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Timberville Va	Aug 30 1926
20 UNDERTAKER A. Jones	ADDRESS 111 S. Fulton

Spec—12-23-21—E.B.R.S.—400 Bks.

13670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13670

CERTIFICATE OF DEATH. 56

1-PLACE OF DEATH

City of BALTIMORE (No. 507 Robert St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Elizabeth Taylor

(a) Residence No. 507 Robert St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. C

5-Single, Married, Widowed, or Divorced (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 26, 1923

7-AGE. 2 yrs. 8 mos. 1 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). 507 Robert

PARENTS.

10-NAME OF FATHER. Chandler Theodore Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Coeburn Va.

12-MAIDEN NAME OF MOTHER. Ruth Nellie Johns

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14-(Informant) Chandler Theodore Taylor

(Address) 507 Robert St

15-Aug 29 1926 C. HAMPSON JONES, M. D. Registrar.

Per A.R.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 27. 26

17- I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1926 to Aug 27 1926

that I last saw h[illegible] alive on Aug 27 1926

and that death occurred, on the date stated above, at 7.50 P. p.m.

The CAUSE OF DEATH* was as follows:

Convulsions (Gastric)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Rickets.

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. A. Wright M. D.

Aug 27, 1926 (Address) 1709 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn

DATE OF BURIAL. 8/29/ 1926

20-UNDERTAKER. Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—12 9 25—A Co.—200 Blks.

E 13671

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 49 E 13671

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-1 Ward)

2-FULL NAME James Hamrick

(a) RESIDENCE NO. Exeter W. Va St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER James Hamrick

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER Kitty Ayers

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant Friend

(Address) ~~JOHNS HOPKINS HOSPITAL~~

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

P.W. Nrd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1926 to Aug. 28, 1926 that I last saw h.im alive on Aug. 28, 1926 and that death occurred, on the date stated above, at 4:05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Coma

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY Carcinoma Prostate

(Secondary)

(duration) 1 yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy? Yes

What test confirmed diagnosis? Ex

(Signed) S Hatzfeld, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarksburg W Va Date of Burial 8/29/26

20 UNDERTAKER Joseph Ahrens ADDRESS 221 Bway

Spec.—1-10-21—M&T—1500 Bks.

E 13672 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13672

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 W. North Ave. ST. 41 WARD)

2-FULL NAME Etta Alice Fahey.

(a) RESIDENCE NO. 1305 W. North Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of late Norwood Fahey.

6 DATE OF BIRTH (month, day, and year) July 8th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Fahey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Alice M. Curran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John A. Fahey 1305 W. North Ave

15 Filed AUG 30 1926 19 Per C. HAMPSON JONES, M. D. K. K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to Aug 28, 1926

that I last saw her alive on Aug 27, 1926

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) D D Lloyd, M. D.

, 19 (Address) 1223 E Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre Cemetery, Phila Pa

DATE OF BURIAL Aug 30 1926

20 UNDERTAKER Martin Fahey & Sons

ADDRESS 1827 W. North Ave

pec.—1-12-23—M&T—500 Bks.

13673 HEALTH DEPARTMENT—CITY OF BALTIMORE 13673

CERTIFICATE OF DEATH.

REGISTERED NO. 1131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 Brevers ST. 17-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reginald Husen

(a) RESIDENCE NO. 1124 Brevers ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 10/10/25

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER Bethesda Scott

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Weley Husen

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

Informant Mrs Chas

(Address) 1124 Brevers St

Filed 1926 C. HAMPSON JONES, M. D., Registrar

R.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/1926

17 I HEREBY CERTIFY, That I attended deceased from 8/13/, 1926 to 8/27/, 1926

that I last saw h[illegible] alive on 8/27/, 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (Simple)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Husen M. D.

8/27/ 1926 (Address) 917 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ant Auburn Cem — DATE OF BURIAL 8/30 1926

20 UNDERTAKER James M. Skinner — ADDRESS 1625 E. Mad st

spec.—1-12-23—M&T—500 Bks.

f 13674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 13674

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 S. Robinson ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Hall, Jr.

(a) RESIDENCE NO. 427 S. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Hall.

DATE OF BIRTH (month, day, and year) Jan. 7-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Dorchester Co, Md.

10 NAME OF FATHER John W. Hall. Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co, Md.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Everett F. Hall

(Address) 427 S. Robinson St.

Filed 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1926, to Aug 29, 1926, that I last saw h. alive on Aug 29, 1926, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

1st Cerebral Haemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) E. L. Kahnes M. D.

Aug. 30, 1926 (Address) 1301 N Pat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Sept 1 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

Spec.—12-9-25—A Co.—200 Pds.

E 13675

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 13675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., ____ Ward) 22-3

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Beaty

(a) RESIDENCE NO. 2138 W. Lexington St. Balto Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) 6/22/22

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
4	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) ____

(State or country) Md -

PARENTS

10 NAME OF FATHER Robert Beaty -

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Va

12 MAIDEN NAME OF MOTHER Alma Page

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md

14 Informant Records

(Address)

JOHNS HOPKINS M. JONES, M. D.

Filed ____ 19 C. HAMPSON ____ 192 ____

D 1926 Registrar

Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-28 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1926, to Aug 28, 1926, that I last saw her alive on Aug 28, 1926, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Meningitis - pneumococcic

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho - pneumonia

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Yes Date of Aug 27.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dudley C Ashton M. D.

Aug 28 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Davage, Md. Date of Burial 8/30/26

20 UNDERTAKER J. Walter Jenkins ADDRESS 1633 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13676 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13676

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 S Calhoun ST. 19-1 WARD)

2-FULL NAME Anna Edwardz

(a) RESIDENCE NO. 35 S. Calhoun St ST., WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If [redacted] widowed, [redacted] (or) WIFE of Jacob Edwardz

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Staut

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lda Edwardz

(Address) 35 S Calhoun St

15 Filed 30 1926 19 Per RK Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to Aug 26, 1926.

that I last saw her alive on Aug 26, 1926,

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,
Chronic Nephritis.
Senility.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of

Was there an autopsy? /

What test confirmed diagnosis? Clinical

(Signed) E Hellen Hennig M. D.

8/29 1926 (Address) 2000 Hollins St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Crm

DATE OF BURIAL 8-30 1926

UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins St.

Spec.—1-10-21—M&T—1500 Blks.

E 13677 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-02 E 13677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 Brunswick ST. 20-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mary Nunenthal

(a) RESIDENCE NO. 578 Brunswick ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 28 1926

7 AGE: Years ..... Months ..... Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER David Nunenthal

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hazel Cummings

13 BIRTHPLACE OF MOTHER (city or town) Queens Anne Co
(State or country) Maryland

14 Informant Mrs C R Nicholas
(Address) 578 Brunswick St

Filed AUG 30 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/27/1926 to 8/29/1926, that I last saw h alive on 8/24/26, and that death occurred, on the date stated above, at 17.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(History)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Twitching of right arm & leg in convulsions

(Signed) Bernard J. Tiny M. D.

8/29, 1926 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem DATE OF BURIAL: Aug 30" 1926

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 N Balto St

13678

HEALTH DEPARTMENT—CITY OF BALTIMORE

13678

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH Regal Laundry

City of BALTIMORE: (No. Gilmor and Mosher St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph A. Paul

(Residence in Baltimore: No. 3028 Dillon Street St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: January 12, 1891 (Month) (Day) (Year)

7-AGE: 35 yrs. 7 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): Regal Laundry

9-BIRTHPLACE, (State or Country): Washington, D. C.

PARENTS

10-NAME OF FATHER: Alexander Paul

11-BIRTHPLACE OF FATHER, (State or Country): Washington, D.C.

12-MAIDEN NAME OF MOTHER: Carrie Kaufman

13-BIRTHPLACE OF MOTHER, (State or Country): Washington, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma M. Paul

(Address) 3028 Dillon Street

15-

Filed ..... 19.. C. HAMPSON JONES, M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

3 minutes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Aug. 27 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug. 30, 1926

UNDERTAKER, Joseph B Cole — ADDRESS 1003 N Balto St

AUG 30 1926

Spec.—1-10-21—M&T—1500 Bks.

E 13679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13679

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 773 S Calhoun St. 14-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ann Purdy

(a) RESIDENCE NO. 773 S Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Willard D. Purdy

6 DATE OF BIRTH (month, day, and year): June 9th 1858

7 AGE: Years 68 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Accomac (State or country) Va.

PARENTS

10 NAME OF FATHER William Mosell

11 BIRTHPLACE OF FATHER (city or town) Accomac (State or country) Va.

12 MAIDEN NAME OF MOTHER Nancy Lankford

13 BIRTHPLACE OF MOTHER (city or town) Accomac (State or country) Va

14 Informant Mrs Mary Haskell (Address) 773 S. Calhoun Street

15 Filed 19 Registered

C. HAMPSON JONES, M. D.

G30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1925 to Aug 28 1926, that I last saw her alive on Aug 27 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) over 1 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓ What test confirmed diagnosis? Physical Examination

(Signed) Henry E. Dale M. D.

8/29, 1926 (Address) 1703 N Fayette Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Aug. 31st 1926

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 N. Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13680 CERTIFICATE OF DEATH.

90 E 13680

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Jackson

(a) RESIDENCE NO. 1 Wells Court, Cumberland, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or counlry) Va.

14 Informant City Hospitals Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1926 Aug. 25, 1926

that I last saw him alive on Aug. 25, 1926

and that death occurred, on the date stated above, at 12:40 P.m.

The CAUSE OF DEATH* was as follows:

acute intoxication

Myocarditis and Emphysema

Arteriosclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General knowledge

(Signed) C. Hampson Jones, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the ~~Disease Causing Death, or in deaths~~ from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial Aug 28 1926

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND Department of Public Health

Spec.—1-10-21—M&T—1500 Blks.

13681

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-801

E 13681

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ludwick Carlson.

(a) RESIDENCE No. 126 N Madeira ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Ludwick Carlson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Frances ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant City Hospital Records
(Address)

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.
Registrar

30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug. 27 1926

17

I HEREBY CERTIFY, That I attended deceased from aug. 11, 1926, to aug. 27, 1926

that I last saw him alive on aug. 27, 1926

and that death occurred, on the date stated above, at 11:00 A m.

The CAUSE OF DEATH* was as follows:

Syphilis Liver.

(duration) yrs. mos 23 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gumma + Lab.

(Signed) C. Holmes Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL aug 30 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 13682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13682

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lewis Johnson

(a) RESIDENCE NO. 2628 Boone ST., 9th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) May 28 1926

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	—	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) 2628 Boone St Balto. (State or country) Maryland.

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) Rock Point (State or country) Charles Co. Md

12 MAIDEN NAME OF MOTHER Ellen Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King William Co Virginia

14 Informant James Johnson (Address) 2628 Boone St

Filed AUG 30 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926, to Aug 29, 1926, that I last saw h/m alive on Aug 29, 1926, and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Aldo Tagliaferro, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery. DATE OF BURIAL Aug 30 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hanford Ave.

Spec.—1-10-21—M&T—1500 Bks.

13683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-001

E 13683

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. 4-5 ST.; WARD)

2-FULL NAME Wm. Richardson Ford

(a) RESIDENCE NO. 1917 Sherwood Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred n/p yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Helen Ford

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer 023

(b) General nature of industry, business, or establishment in which employed (or employer) Transfer Business

(c) Name of employer Elite Trans. Co

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. R. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary Cecilia Witters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Wife (Helen Ford)

(Address) 1917 Sherwood Ave

G30 1926 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/27, 1926, to 8/27, 1926, that I last saw him alive on 8/27, 1926 and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Debilitation & Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H R. McConnell M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Aug 31 1926

20 UNDERTAKER Geo. L. Ruth ADDRESS 1735 Harford Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 13684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 13684

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 541 Laurence St. 14-1 Ward)

2-FULL NAME Willard Waddy

(a) RESIDENCE NO. 541 Laurence St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22/926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Dent Tanon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Del Tanon

12 MAIDEN NAME OF MOTHER Edith Waddy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Edith Waddy

(Address) 541 Laurence St

15 Filed G. HAMPSON JONES, M. D.

NOV 30 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sclerosis - Coronary

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) no other history

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Aug. 1926 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Aug 30/926

20 UNDERTAKER Samuel Carbon ADDRESS 916 Pa Ave

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13685

CERTIFICATE OF DEATH.

56 E 13685

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Canby St ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Albert under Mathews.

(a) RESIDENCE NO. 128 Canby St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	—

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug 1 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Albert Mathews

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mathews

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mary Mathews
(Address) 128 N Canby St

15 Filed Aug 28 1926 C. HAMPSON JONES, M. D. Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926, to Aug 26, 1926, that I last saw him alive on Aug 26, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Rhachitis

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H. Cooke M. D.

, 19 (Address) 631 W. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Aug 30/1926

20 UNDERTAKER Daniel Earhart — ADDRESS 916 Pa ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 13686

CERTIFICATE OF DEATH.

E 13686

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2222 Ramsay St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Murphy

(a) RESIDENCE NO. 2222 Ramsay St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph Murphy

6 DATE OF BIRTH (month, day, and year): May 16th 1850

7 AGE: Years 76 | Months 5 | Days 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Cecilton

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Clark

11 BIRTHPLACE OF FATHER (city or town): Pa

(State or country)

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town): Pa

(State or country)

14 Informant: Rachel L. Murphy

(Address): 2222 Ramsay St

15 Filed: 8/30 1926

G. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 26th 26

I HEREBY CERTIFY That I attended deceased from Aug 15 19 26 to Aug 26 19 26, that I last saw h.. alive on Aug 26 19 26, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobular Pneumonia

(duration) yrs. 14 mos. ds.

17 Where was disease contracted

If not at place of death?

Did an operation precede death? None Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Lundrup M.D.

, 19 (Address) 1 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

Date of Burial: 8/30 19 26

20 UNDERTAKER: H. S. Hufnagel

ADDRESS: 1850 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13687

CERTIFICATE OF DEATH.

16-002 E 13687

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. 5th St, Brooklyn ST. 75-7 WARD)

2-FULL NAME Marie Miller

(a) RESIDENCE NO. 3 N 5th St., Brooklyn ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wh	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Mar 8, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	—	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. D&D

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Brooklyn Balto, Md. (State or country)

PARENTS

10 NAME OF FATHER Henry Miller

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Majie Grimes

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Henry Miller

(Address) Same

15 Filed AUG 30 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24 1926, to Aug 28 th 1926.

that I last saw h-s alive on Aug 25th 1926.

and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bacillary

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Same

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Robert W. Johnson, M. D.

, 19 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL Sept 1926

20 UNDERTAKER John T Denny ADDRESS 915 Lyndhurst

Cor.—12-9-85—A Co.—200 Bks.

13688

HEALTH DEPARTMENT—CITY OF BALTIMORE

187-007 E 13688

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 96-7 Ward)

2-FULL NAME SYDNEY Sydney H. Ballman

(a) RESIDENCE NO. Annapolis Blvd St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ruth M. Ballman

6 DATE OF BIRTH (month, day, and year) Dec 22 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Concreter 186 Dredging Co Canal

(b) General nature of industry, business, or establishment in which employed (or employer) Rhone Middlebrook

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Annarundel Co

PARENTS

10 NAME OF FATHER Clinton Ballman

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Salt City

12 MAIDEN NAME OF MOTHER Catherine Zacher

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Salt City

14 Informant Ruth M. Ballman

(Address) Annapolis Blvd

C. THAMPSON JONES, M.D.

Filed ____ 19____ Per ____ Registrar

AUG 30 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said question (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of two Lumber Vertebra 1st & 2nd & Severing the spinal cord

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Congestion of Lungs (duration) ____ yrs. ____ mos. one ds.

(Signed) James M Fenton M. D. (Coroner)

8/26 1926 (Address) 700 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Salt City Ny ____ yrs. ____ mos. 2 ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? Back River

Former or usual residence Annapolis Blvd

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Aug 30 1926

20 UNDERTAKER John F Denny ADDRESS 715 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13689

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 13689

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSP St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lunge Hallpenny

(a) RESIDENCE NO. 310 E. 3rd ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Halfpenny.

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boilermaker

(b) General nature of industry, business, or establishment in which employed (or employer) $6

(c) Name of employer

9 BIRTHPLACE (city or town) Balt

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel Halfpenny.

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) ? Md

14 Informant City Hospitals Records

(Address)

FILED 1926 C. HAMPSON JONES, M. D.

Per RC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1926, to Aug. 27, 1926

that I last saw him alive on Aug. 27, 1926

and that death occurred, on the date stated above, at 8.00 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - right.

Arteriosclerosis

Nephritis - chronic

(duration) ? yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & death

(Signed) C. Arnold Angel, M. D.

, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial Aug 30 1926

20 UNDERTAKER J. M. Cook ADDRESS 302 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

77-2 129

E 13690

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Glenmore Ave & Rockwood ST., 77 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard-MacCarthy

(a) RESIDENCE NO. Glenmore Ave & Rockwood ST., 27 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? 55 yrs. 9 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlotte H. MacCarthy

6 DATE OF BIRTH (month, day, and year): Nov-10-1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Hardware 845

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Florence T. MacCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila. Penna

12 MAIDEN NAME OF MOTHER: Annie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Kent Co. Md.

14 Informant: Mr. Howard MacCarthy Jr. (SON)

(Address) 3800 Edgewood Road City

DEC 30 1926 Filed

S. THAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/27 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to August 27, 1926, that I last saw him alive on August 27, 1926, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Hemiplegia - (Arteriosclerosis) High blood pressure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Grant M. D.

, 19 (Address) 1207 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Aug 30 1926

UNDERTAKER: [illegible] COMPANY

(WILLIAM F. WOODEN, Successor)

ADDRESS: 1031 N. NORTH AVE.

ec.—1-12-23—M&T—500 Bks.

13691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 13691

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 W. Franklin ST., 17-3 WARD)

2-FULL NAME William Thiele

(a) RESIDENCE NO. 425 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

If married, widowed, or divorced HUSBAND of or) WIFE of Mary Thiele

DATE OF BIRTH (month, day, and year) April 14 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	13 14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Carl Kummer

(Address) 421 Franklin St.

Filed [illegible], 19[illegible] [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to Aug 29, 1926

that I last saw him alive on Aug. 29, 1926

and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of Oesophagus not Specified

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas H. Haynes M. D.

8/29, 1926 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Aug 31 1926

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13692

CERTIFICATE OF DEATH.

44 E 13692

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. St. 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. 508 E. Pratt St., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Do not Know.

6 DATE OF BIRTH (month, day, and year) Do not Know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61 y.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not Know

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not Know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not Know

14 Informant Mercy Hospital Records

(Address)

15 Filed 19 C. Hampton Lowe M.

AUG 30 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug 28, 1926, that I last saw h.. alive on Aug 28, 1926 and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Aug 16 '26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. Mallett M. D.

, 19 (Address) Mercy Hospital Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial 8/30/1926

20 UNDERTAKER E. J. Bokes & Sons ADDRESS 1318 Light

Spec.—12-9-25—A Co.—200 Bks.

E 13693

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-08

E 13693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1530 N. Washington St

City of BALTIMORE: (No. 1530 N. Washington St., 8-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Henberger.

(a) RESIDENCE NO. 1530 N. Washington St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Henberger.

6 DATE OF BIRTH (month, day, and year): Nov. 18 - 1866

7 AGE — Years: 59 | Months: 9 | Days: 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker.

(b) General nature of industry, business, or establishment in which employed (or employer): 403

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: John Henberger.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Catherine Henberger.

(Address): 1530 N. Washington St.

30 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Aug. 28-1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Aug 28, 1926, that I last saw h~~im~~ alive on Aug 28, 1926, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary): Arterio-sclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) C. A. L. Mackenzie, M. D.

Aug 29, 1926 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Sept 1 1926

20 UNDERTAKER: Tully & Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13694

CERTIFICATE OF DEATH.

46 E 13694

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 N. Washington St. 7-2 Ward)

2-FULL NAME Sophia Roehler

(a) RESIDENCE NO. 518 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C. Roehler.

6 DATE OF BIRTH (month, day, and year) June 20-1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John Kram

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Minnie Kreing

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Charles Roehler.

(Address) 518 N. Washington St

15 Filed ..... 19 .....

C. HARRISON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28-1926.

17 I HEREBY CERTIFY, That I attended deceased from June 1926 to Aug 28, 1926,

that I last saw h.. alive on Aug 27, 1926,

and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Recurrent Carcinoma Abdomen

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Uterus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 17th 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Alma B Lemmon, M. D.

Aug 29 1926 (Address) 718 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial Aug 31 1926

20 UNDERTAKER Tilly & Zeiler 403 ADDRESS S. Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13695

9 E 13695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (~~JOHNS HOPKINS HOSPITAL~~ St., 63 Ward)

2-FULL NAME George Biedenbach

(a) RESIDENCE NO. 625 N. Bradford St. St. Balto Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28/26

7 AGE	Years	Months	Days 0	IF LESS than 1 day.....hrs. or.....min.
	1		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Geo. Biedenbach

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ada Davis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed AUG 30 1926 By C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Aug 28, 1926, that I last saw him alive on Aug 28, 1926 and that death occurred, on the date stated above, at 5-15 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

following Peritonsis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis, Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dudley G. Carlton M. D.

Aug 29 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Mathews Cemetery	Aug 30 1926
20 UNDERTAKER	**ADDRESS**
Wm C. Fuller & Son	2334 Jefferson

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13696 E 13696

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 S. Paca St. (Ward) 14-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Vinyard

(a) RESIDENCE NO. 309 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22-1926

7 AGE — Years: — Months: 3 — Days: 5 — If LESS than 1 day, hrs. or min.: 7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Vinyard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Adelaide Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Emma Vinyard

(Address) 309 S. Paca St.

Filed AUG 30 1926 C. HARRISON JONES, M. D. Registrar

Per H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926, to Aug 27, 1926, that I last saw h alive on Aug 26, 1926, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 5 days,
Mal-Nutrition -
Immature 8 mos

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E Heller Hemming, M. D.

8/30, 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 30 19

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 1534 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

194591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓

1-PLACE OF DEATH E 13697

REGISTERED NO. E 13697

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pedro Bonanno

(a) RESIDENCE NO. 924 Ashland Ave St. City Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	"		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Heater

(b) General nature of indnstry, business, or esinblishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER Phtiminia

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19 C. HAMPSON JONES, M. D.

30 1926 Per RC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926 to Aug 29, 1926, that I last saw him alive on Aug 29, 1926, and that death occurred, on the date stated above, at 11-15 a.m.

The CAUSE OF DEATH* was as follows: Congenital Valve of Posterior Urethra.

(duration) 24 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) 0 yrs. 0 mos. 10 ds.

18 Where was disease contracted if not at place of death? 924 ashland ave.

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Cystoscopy & autopsy.

(Signed) J. Everett Sounder, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Date of Burial Aug 31 1926

20 UNDERTAKER: Frank Cordon ADDRESS 1906 E Balt

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13698

CERTIFICATE OF DEATH.

90 E 13698

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Clifton Park Swimming Pool 96-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil J.Novak.

(a) RESIDENCE NO. 615 N.East Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 24, 1911.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J.Novak.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna K.Zesely.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant John J.Novak.(father)

(Address) 615 N.East St.

Filed 30 1926 19 H. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) H. K. Reinhardt M. D.
(Coroner)

8/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — Date of Burial 8/31 1926

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Blks.

E 13699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 13699

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 2536 E. Baltimore ST. 6-3 WARD)

2-FULL NAME Jane Jennings Tevey

(a) RESIDENCE NO. 2536 E Baltimore ST., 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Michael Tevey

6 DATE OF BIRTH (month, day, and year) Feb 28—18 54

7 AGE Years 82 Months 6 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Patrick Tevey (Address) 2536 E Baltimore St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28— 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1926, to Aug. 28, 1926, that I last saw h[illegible] alive on Aug. 27, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Coronal Arterio-sclerosis

Intestinal fistula

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Edema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmit M. D.

Aug 27, 1926 (Address) 701 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Cathedral Cem

DATE OF BURIAL Aug 31 1926

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13700

CERTIFICATE OF DEATH.

90

E 13700

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 St. Paul ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Joseph. P. Grogan

(a) RESIDENCE No. 2806 St Paul ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., If of foreign birth? 63 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Rachel L. Grogan

6 DATE OF BIRTH (month, day, and year) Not Given

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Veterinarian

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Grogan

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Jennings

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs Rachel L. Grogan

(Address) 2806 St Paul St

15 Filed ..., 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926 to Aug 29, 1926 that I last saw h[e] alive on Aug 29, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (duration) yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm Pearce, M. D.

8-30-1926 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Sept 1 1926
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13701

169E 13701

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Balt City Hospital St. Gat (Ward)

2-FULL NAME Emma M. Dobler

(a) RESIDENCE NO. 1818 E Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Feb 5th 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer at home

9 BIRTHPLACE (city or town)

(State or country) Balto City

PARENTS

10 NAME OF FATHER David Dobler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Elizabeth Foltz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Theodore Dobler

(Address) 1818 E Biddle

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning which subject was drowned in 3 ft water 70 on Druid Hill Park Lake Drive Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) at River Brew Park (duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

8 31 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Aug 31 1926

20 UNDERTAKER Rida Wiedefeld ADDRESS 914 Greenmount Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13702

CERTIFICATE OF DEATH.

31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 N. Bethel St., 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edith Payne Smith

(a) Residence No. 612 N. Bethel St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Ernest Smith

6-DATE OF BIRTH (month, day and year) July 9, 1905

7-AGE. 21 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer). 031

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Payne

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Edna Malone

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Mother

(Address) 612 N. Bethel

15- Filed ..... C. HAMPSON JONES, M. D. Registrar

AUG 1926 By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) August 27, 1926

17- I HEREBY CERTIFY, That I attended deceased from August 25, 1926 to August 27, 1926

that I last saw her alive on August 27, 1926

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) W. L. Berry M. D

, 19 (Address) 1520 E. Monument

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt. Olivet Cemetery	Aug 31, 26
20-UNDERTAKER	ADDRESS
Clark D. Johnson	46 N. Carey

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13703

CERTIFICATE OF DEATH.

188-03

E 13703

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph's Hospital. St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Green.(C)

(a) RESIDENCE NO. Do not know. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------; -

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Officer Merson.

(Address) Fullerton.Md.

15 Filed _____ 19____ C. HAMPSON JONES, M. D.

1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by an automobile while crossing a road. Accidental death.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/30 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? Philadelphia Rd. at Bradshaw. 8/21/26.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial _____ 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND AUG 30 1926 THE MORGUE

Cor.—12-9-25—A Co.—200 Bks.

E 13704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13704

CERTIFICATE OF DEATH.

169

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier No.1 Pratt St. St. 4-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown Man.(C)

(a) RESIDENCE NO. Do not know. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 60		-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. C.D.

(Address)

15 Filed 0 1926 C. HAMPSON JONES, M. D.

Per. _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning, jumped from the deck of #1/2 Ericsson when boat docked. Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D.

(Coroner)

8/30, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13705

E 13705

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgeanna Bruce

(a) RESIDENCE NO. 238 S. Bethel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	99			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): Ont

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

PARENTS

14 Informant City Hospitals Records

(Address) C. HAMPSON JONES, M. D.

15 Filed _____, 19____ Per _____ Registrar

AUG 0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1917, to Aug. 27, 1926

that I last saw h alive on Aug. 27, 1926

and that death occurred, on the date stated above, at 1.00 A.m.

The CAUSE OF DEATH* was as follows:

myocarditis - chronic

arteriosclerosis

hypertension

(duration) 9 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? General + Local

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND AUG 30 1926

Spec.—1-10-21—M&T—1500 Bks.

E 13706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 13706

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 15-5 Ward)

2-FULL NAME Baby Kelly

(a) RESIDENCE No. 3005 Gwynns Falls Parkway St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 30-1926.

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Robert R. Kelly

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER C. Eliz. Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Robert R. Kelly
(Address) 3005 Gwynns Falls Parkway

Filed 0 1926 C. HAMPSON JONES, M. D.
Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1926, to aug 30th, 1926; that I last saw h er alive on aug 30th, 1926; and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum
Child delivered with forceps
Prolapse of Cord Lived 3/4 hour

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John McF Bayland, M. D.

, 19 (Address) 58 W Biddle Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 31 1926

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-9E 13707

E 13707

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 9-1

City of BALTIMORE: (No._____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willard Moore

(a) RESIDENCE NO. 1329 N. Central Ave. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Decorator

(b) General nature of industry, business, or establishment in which employed (or employer) 053

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland

PARENTS

10 NAME OF FATHER ? Moore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant City Hospitals Records

(Address)

C. HAMPSON JONES, M. D.

15 Filed _____, 19____ 1926 DEC

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 19 26

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1926, to Aug. 26, 1926

that I last saw him alive on Aug. 26, 1926

and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Arteriosclerosis

Hypertension

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY _____
(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? P

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? General Path

(Signed) C. Hampson Jones, M. D.

, 19___ (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13708 — 159-09 — E 13708

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2011 Oak St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gordon

(a) RESIDENCE NO. 2011 Oak St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): aug 29, 1926

7 AGE: Years | Months | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Earnest Gordon

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Cora Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Salem Va

14 Informant: Cora Gordon

(Address): 2011 Oak St. Balto

Filed 19 [illegible] (C. HAMPSON JONES, M. D.)

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: aug 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from aug 29, 19 26 to aug 29, 19 26

that I last saw h__ alive on aug 29, 19 26

and that death occurred, on the date stated above, at 10 45 p m.

The CAUSE OF DEATH* was as follows:

Patent Foramen

Ovale

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): none

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John W. Games, M. D.

, 19 (Address) 1611 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

AUG 30 1926

Spec.—1-10-21—M&T—1500 Bks.

E 13709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13709

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Battery Ave ST., 24 WARD) 24-1

2-FULL NAME Catherine Mrs Speller

(a) RESIDENCE No. 1112 Battery Ave ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John M Speller

6 DATE OF BIRTH (month, day, and year): Feb 8 1855

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Valentine Matter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. D. J. Lyons

(Address) 519 Mt. Auburn St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 7.21.26, 19..., to 8.27.26, 19...,

that I last saw her alive on 8.27.26, 19...,

and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical & Microscopic

(Signed) Philip B. Fowler, M. D.

8.30.26, 19... (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Co

DATE OF BURIAL: 8-31 1926

20 UNDERTAKER: E & B Earle

ADDRESS: 115 E West St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13710 — CERTIFICATE OF DEATH. — 185 — E 13710

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Sokel.

(a) RESIDENCE NO. 810 N. Montford Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If [illegible], widowed, [illegible]
(or) WIFE of Vincent Sokel.

6 DATE OF BIRTH (month, day, and year) March 14, 1840

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	86	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria.

PARENTS

10 NAME OF FATHER Franz Schreiber.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria.

12 MAIDEN NAME OF MOTHER Anna.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria.

14 Informant William Sokel. (son)

(Address) 810 N. Montford Ave.

15 Filed [illegible] 19 [illegible] Registrar

C. H. THOMPSON JONES, M. D.

1925 Reg. ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, femur, radius and Ulna. Occidental fall from a window.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia.

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/30 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 810 N. Montford Ave. August 24, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cemetery Date of Burial Sept. 1926

20 UNDERTAKER John Ulrich ADDRESS 2008 E. Baltimore St.

Dec.—1-12-23—M&T—500 Blks.

E 13711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13711

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703-5th Ave. ST. Rgnld Hghts WARD 28-4)

2-FULL NAME Washington Head Nicholson

(a) RESIDENCE NO. 703-5th ave. ST. Rgnld Hghts WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Francis C. Nicholson

DATE OF BIRTH (month, day, and year) Dec. 18-1839

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Wd

(c) Name of employer .....

BIRTHPLACE (city or town) Balt. Md.
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

Informant Daughter Mrs. Mabel Manchester
(Address) 703-5th Ave.

Filed ... 19 ... Per ... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926, to Aug 29, 1926

that I last saw him alive on Aug 29, 1926

and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. nephritis - Enlarged prostate (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. A. Kosiński, M. D.

, 19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Aug 31 1926
UNDERTAKER	ADDRESS
John A. Mitchell	201 W. Fayette St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13712 46 E 13712

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 St Peters ST. 71-2 WARD)

2-FULL NAME Angie Tracy

(a) RESIDENCE. NO. 870 St Peter ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~M~~ F

4 COLOR OR RACE: W

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jno Tracy

6b DATE OF BIRTH (month, day, and year) [illegible] 1846

7 AGE — Years: 80 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: John Ruder

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Leon Brooks
(Address) Calhoun Hollins Sts

15 Filed [illegible] 1926 C. HAMPSON JONES, M. D. Registrar
By AAA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1926, to Aug 29th, 1926, that I last saw h Sy alive on Aug 9th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
(Supposed undetermined)

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) W. Grampler M. D.

, 19 (Address) 1013 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem — DATE OF BURIAL: 8-31-26

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins Sts

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13713

CERTIFICATE OF DEATH.

16 1902 E 13713

1-PLACE OF DEATH University Hospital

Registered No.....

City of BALTIMORE: (No. Lombard & Greene St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Smith

(a) Residence No. 652 W. Hoffman St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Baby

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 8 29 26

8-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 1..hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Baby

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Maryland

10-NAME OF FATHER, Mac McLean

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Annie Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

(Informant).....

(Address).....

Filed ..... 192.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8 29-26

17- I HEREBY CERTIFY, That I attended deceased from 8 29 1926 to 8 29 1926

that I last saw h/ alive on 8 29 1926

and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prolonged Labor

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Ewa T. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19...

20-UNDERTAKER, ADDRESS

AUG 31 1926

UNIVERSITY OF MARYLAND

Commissioner of Health

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13714

CERTIFICATE OF DEATH.

74 001 E 13714

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. House of Good Shepherd St., 19-2 Ward)

2-FULL NAME St. Magdalen St Martin (Mary Bell.

(a) RESIDENCE NO. Mount + Hollins St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sewing 69

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Joseph Bell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do- not Know.

12 MAIDEN NAME OF MOTHER Margaret Bace

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Washington DC

14 Informant House of Good Shepherd

(Address) Mount + Hollins St

15 Filed _____ 19____ By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30th 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Jan — 1924, to Aug 30th 1926,

that I last saw her alive on June 15, 1926,

and that death occurred, on the date stated above, at 5 Oo A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) 5 yrs. ____ mos. ____ ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) J. H. Chetland, M. D.

Aug 31 1926 (Address) 304 E Colvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial 8/31 1926

20 UNDERTAKER J J Fahey Sons — ADDRESS 1918 Light St

AUG 31 1926 THOMPSON-JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13715

CERTIFICATE OF DEATH.

31

E 13715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4711 Charles av. St. Hospital WARD)

2-FULL NAME Joseph V. Heil

(a) RESIDENCE NO. 4711 Charles ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Aug 13 1873.

7 AGE: Years 33 Months 0 Days 17. If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Postal Clerk. PO

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto P.O.

9 BIRTHPLACE (city or town) (State or country): Balto Dr. Grace. Maryland.

PARENTS

10 NAME OF FATHER: Joseph J. Heil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Port Deposit Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Gleason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harrisburg Pa. Maryland

14 Informant (Address): Jos. J. Heil Father 4711 Charles ave

15 Filed ... 19 ... G. HAMPSON JONES, M. D. Registrar

31 1926 LK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926 to Aug 30, 1926, that I last saw him alive on Aug 29, 1926, and that death occurred, on the date stated above, at 2 45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray.

(Signed) Thos. J. A Fletcher, M. D.

8,30 1926 (Address) 2978 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 9/1 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1732 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

13716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161002 E 13716

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Liberty Heights Ave ST.) (28-2 WARD)

2-FULL NAME Baby Elliott

(a) RESIDENCE NO. 5107 Liberty Heights Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Aug 30th 1926

AGE	Years	Months	Days	If LESS than 1 day, 5 hrs or .... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (b)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John D. Elliott

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Warner

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

Informant John Elliott

(Address) 5107 Liberty Heights Ave.

AUG 31 1926 G. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Aug 30th 1926, that I last saw h.... alive on Aug 30th 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

This baby was born at Gaw & died at 2 Pm. Breech presentation at birth. difficult labor - could not get to ... (duration) ..... yrs. ..... mos 5 hrs.

CONTRIBUTORY (Secondary) Exhaustion (duration) ..... yrs. ..... mos. ½ hour

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. H. Burkert, M. D.

Aug 30th 1926 (Address) 1100 N Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn cemetery

DATE OF BURIAL Aug 31st 1926

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13717
Registered No.

1-PLACE OF DEATH 1537 N. Bond St 83 92

City of BALTIMORE: (No. 1537 North Bond St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurance R. Booth

(a) Residence No. 1537 N. Bond St., 8 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy A Booth

6-DATE OF BIRTH (month, day and year) Mar. 1 1869

7-AGE. 57 yrs. 5 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Jewelry Mfg
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer A. H. Pettit & Co

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

10-NAME OF FATHER Henry A. Booth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Frances Harris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-(Informant) Lucy A. Booth (wife)
(Address) 1537 N. Bond St.

15-Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 29 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar. 1 1926 to Aug. 29 1926 that I last saw h[illegible] alive on Aug. 29 1926 and that death occurred, on the date stated above, at 7 50 p. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) R. L. D. Macdonald M. D.

Aug 30, 1926 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Sept. 2 1926

20-UNDERTAKER Gribler & Gribler ADDRESS 1739 E. Eager

ds

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13718 80 E 13718

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 13 Grove ave ST. 27-11 WARD)
near Hosford Rd Hamilton.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Norris.

(Residence in Baltimore: No. 13 Grove ave. St.; yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August (Month) 27 (Day), 1926 (Year)

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country), Balto. Md

10-NAME OF FATHER, Elides Miller

11-BIRTHPLACE OF FATHER (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Elyzbeth Norris

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie Duckte

(Address) 13 Grove Ave

Filed AUG 31 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 27 1926, to aug 29 1926, that I saw h in alive on aug 29 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Convulsions

Cause Unknown.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert Webster M. D.

, 1926 (Address) 703 Belair Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampton — DATE OF BURIAL, Aug 31, 1926

20-UNDERTAKER, Chas F Evans Son — ADDRESS 118 W Mt Royal Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 E 42 13719

45

E 13719 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Johns Hopkins Hospital St., 83 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Skinner

(a) RESIDENCE NO. 1518 N. Collington St. Ward City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Skinner

6 DATE OF BIRTH (month, day, and year): Nov 9-1870

7 AGE: Years 55 Months 9 Days 18 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER James Skinner

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER Ida Woodall

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Friends

(Address)

15 Filed ..... 19 ..... Registrar

JOHNS HOPKINS HOSPITAL
C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926, to Aug 29, 1926

that I last saw her alive on Aug 24, 1926

and that death occurred, on the date stated above, at 11 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Abscess of Abdominal wall

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 28, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dudley S. Arbuthnot, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial Sept 1- 1926

20 UNDERTAKER: Chas. H. Grave & Son ADDRESS 11 W. Mt. Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13720 ✓ 100-901 E 13720

E 13720

CERTIFICATE OF DEATH.

18-2

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No.. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William Blakey

(Residence in Baltimore: No. 1102 West Baltimore St.; yrs. 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH. December 12, 1891
(Month) (Day) (Year)

7-AGE. 34 yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Company

9-BIRTHPLACE, (State or Country): England

PARENTS.

10-NAME OF FATHER. William Blakey

11-BIRTHPLACE OF FATHER. (State or Country). Jarrow, England

12-MAIDEN NAME OF MOTHER. E. J. Hooper

13-BIRTHPLACE OF MOTHER. (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Handslip

(Address) 239 Colgate Avenue, Dundalk

15- Filed AUG 31 1926 192 HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 29th 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Cerebral Meningitis
(Streptococcus)
4 days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hamel St. Baker M. D.
(Coroner)
192 6 (Address) 33 25 Park Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-DATE OF REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. Sept. 2 1926

20-UNDERTAKER. Loyd B Cook

ADDRESS 1003 N Bond St.

Spec.—1-10-21—M&T—1500 Blks.

1926 755

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 E 13721

CERTIFICATE OF DEATH.

1926 E 13721

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. B V WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Miles

(a) RESIDENCE No. 423 S-Spring St. Balto WARD Ina —
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa —

10 NAME OF FATHER: Glasis Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Martha —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Records —
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 1926 ..... C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Aug 25, 1926, that I last saw h[illegible] alive on Aug 25, 1926, and that death occurred, on the date stated above, at 5 55 A.m.

The CAUSE OF DEATH* was as follows:

Perforation of the intestine
Intestinal Obstruction
Typhoid Fever

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary): Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? 423 S Spring St

Did an operation precede death? Yes Date of 8/25/26

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. Sherry, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edgewood JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: 8/27/26. 8/31/26.

20 UNDERTAKER: Edward Ryan — ADDRESS: 1631 Eutaw JOHNS HOPKINS HOSPITAL

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 13722

CERTIFICATE OF DEATH.

E 13722

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No.) Brooks Hall Apts. St.: 13-b W'd

2-FULL NAME Henrietta Moses

(a) RESIDENCE NO. Chauncy Ave nr Linden Av Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm B Moses

6 DATE OF BIRTH (month, day, and year) May 23/1839

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	87	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Emanuel Moses

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Bessie Plant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Bessie Moses

(Address) Brooks Hall Apts

15 Filed 19 G. HAMPSON JONES, M. D. Registrar

8 T 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan - 29, 1926, to Aug 29, 1926, that I last saw her alive on Aug - 29, 1926 and that death occurred, on the date stated above, at 9.20 p. m.

The CAUSE OF DEATH* was as follows: -

Myocardial Insufficiency

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Joseph William Kelly, M. D.

. 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew — Date of Burial Aug 31 1926

20 UNDERTAKER David Sondheim — ADDRESS 118 N Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

E 13723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13723

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 Thames St. 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Sussman

(a) RESIDENCE NO. 1506 Thames St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Sussman

6 DATE OF BIRTH (month, day, and year): June 18/1854

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
72	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Produce

(c) Name of employer: dealer

9 BIRTHPLACE (city or town)

(State or country): Austria

10 NAME OF FATHER: Solomon Sussman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Austria

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russian

PARENTS

14 Informant: Mrs. C. Sussman

(Address): 1506 Thames St.

15 Filed ..... 1926 CHAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29 1926

17

I HEREBY CERTIFY, That I attended deceased from January 1926 to Aug. 29, 1926

that I last saw him alive on Aug. 29, 1926

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

a General Arterio Sclerosis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. H. Cummins, M. D.

Aug 29 1926 (Address) 701 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Date of Burial Sept 1 1926

20 UNDERTAKER: Harris Goodheim ADDRESS 1182 W. Baltimore

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13724

CERTIFICATE OF DEATH.

90 E 13724

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Penitentiary Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Murphy

(a) Residence No. Washington D.C. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 23 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Washington, D.C. (State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Martha Murphy

13-BIRTHPLACE OF MOTHER (city or town) Washington D.C. (State or Country),

14-

(Informant) Md. Penitentiary

(Address) 954 Forest St.

15-

Filed ..... 192?

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 30, 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1925 to Aug. 30, 1926

that I last saw him alive on Aug. 30, 1926

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

1 Rheumatic Cardio-vascular disease

2 Acute Cardiac dilatation

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Gudergan M. D.

Aug 30, 1926 (Address) Md. State Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Wash. D.C. DATE OF BURIAL, Sept. 3, 1926

20-UNDERTAKER Penny & Cofer ADDRESS Mason Springs Md

3-1-1926 K.K.

Cor.—I-12-23—M&T—100 Bks.

E 13725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 13725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Colonial Hospital ST. 15-13 WARD)

2-FULL NAME Mary C. Gross.

(a) RESIDENCE NO 1365 N. Gilmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emd	colored	married

If married, widowed, or divorced
(or) WIFE of Charles W. Gross

ATE OF BIRTH (month, day, and year) 3/6/1898

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	5	23	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Nome of employer

RTHPLACE (city or town) Prince George Co
(State or country) md

0 NAME OF FATHER Robert Duckett

1 BIRTHPLACE OF FATHER (city or town)
(State or country) md

2 MAIDEN NAME OF MOTHER Elizabeth Douglas

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) md

Informant Charles W. Gross
(Address) 1365 N. Gilmore

Filed ..... 19.. C. HARRISON JONES, M. D.
Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29, 1926

17 (autopsy) I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain abscess.
(Not Luetic)

(duration) , yrs. mos. ds.

CONTRIBUTORY (Secondary) no history
(duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)
8/30/26, 192 (Address) 2702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Sept 1 1926

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

Cor.—12-9-25—A Co.—200 Bks.

E 13726

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 13726

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 215 E. Mt Royal ave (St.) (Ward) 1

2-FULL NAME Henry E. Lord

(a) RESIDENCE NO. 215 E. Mt (St.) Royal (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 11 1870

7 AGE: Years 56 Months 7 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garage Man

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn N Y (State or country) U. States

PARENTS

10 NAME OF FATHER Henry E Lord

11 BIRTHPLACE OF FATHER (city or town) Brooklyn N Y (State or country)

12 MAIDEN NAME OF MOTHER Zolary A Hughes

13 BIRTHPLACE OF MOTHER (city or town) Nashville Tenn. (State or country)

14 Informant Mrs Rosa H Lord (Address) 215 Mt Royal ave

15 Filed C. HAMPSON JONES, M. D. Registrar

8 1 1926 Per R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Sudden

(duration) .....yrs. .....mos. .....ds.

(Signed) W. T. Kelly M. D. (Coroner)

July 30 1926 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Aug 31 1926

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lydt St

Cor.—1-12-23—M&T—100 Bks.

13727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13727

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ITY OF BALTIMORE: (No. 1337 Argyle ave ST. 17-1 WARD) 3

2-FULL NAME Wm Haynes

(a) RESIDENCE No 1337 Argyle ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Haynes

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Eisenberg's

IRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Chas Haynes

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Annie Haynes
(Address) 1337 Argyle ave

Filed 8 31 1926, 192.. H. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) H. T. Hemmeter, M. D.
(Coroner.)

8-29, 192 6 (Address) 2 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 8/31 1926

20 UNDERTAKER Jas. W. Skinner — ADDRESS 1625 E Madison st

Spec.—6-9-19—H. P. Co.—1000 Bks.

13728

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13728

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Brookline ST. 15-1 WARD)

2-FULL NAME Martha E Gillespie

(a) RESIDENCE. No. 3907 Brookline ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs ... mos ... ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James M. Gillespie

6 DATE OF BIRTH (month, day, and year): Jan 1, 1868

7 AGE: Years 58 Yrs; Months 8; Days 29; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md

10 NAME OF FATHER: John Skipper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co. Md

12 MAIDEN NAME OF MOTHER: Sallie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: James M Gillespie Jr

(Address) 3907 Brookline Ave

15 Filed ... /19 THOMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 29 1926

17

I HEREBY CERTIFY, That I attended deceased from August 12 1926, to Aug 29 1926.

that I last saw h... alive on Aug 26 3 P.M. 1926.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Uraemia Chronic Nephritis

(duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) ... yrs. a few minutes mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Geo. L. Wilkins M. D.

, 19 (Address) 2246 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 1 1926

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13729

CERTIFICATE OF DEATH.

49

E 13729

1-PLACE OF DEATH

BALTIMORE CITY HOSP

CITY OF BALTIMORE: (No. ..... ST., 17-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Dean

(a) RESIDENCE NO. 502 Orchard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66 (+)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 70

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry Dean

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Maria ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant City Hospitals Records
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1926, to Aug. 28, 1926, that I last saw h.. alive on Aug. 28, 1926, and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas

..... (duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General + Lab

(Signed) C. Holmes Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSP

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Aug. 31, 26

20 UNDERTAKER Samuel D. Kinsley ADDRESS 578 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13730

CERTIFICATE OF DEATH.

31 E 13730

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-1 B. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Cousins

(a) RESIDENCE NO. 1435 N. Fremont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Cousins

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chamber maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Phillip Easton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hattie Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospitals Records

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Aug. 28, 1926.

that I last saw her alive on Aug. 28, 1926.

and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer with Peritonitis

(duration) Four Hours

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [signature] M. D.

8 29 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Aug 29 26

20 UNDERTAKER Samuel Kemsley ADDRESS 78 W Biddle

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13731

101-001

E 13731

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 W. Fairmount Ave ST. 41 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elyza Wilson

(a) RESIDENCE. No. 667 W. Fairmount Ave ST. 1 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) — — 1853

7 AGE: Years 63 | Months — | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Geo. H Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie E Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm Wilson

(Address) 933 Park ave.

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

31 1926 RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28/ 19 26

17 I HEREBY CERTIFY, That I attended deceased from 8/17/ 19 26, to 8/28/ 19 26, that I last saw h alive on 8/28/ 19 26, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(duration) ... yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonic Chronic Bronchitis (duration) 1 year 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dan Bowley, M. D.

19 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL: Aug 31 26

20 UNDERTAKER: Samuel D Hensley ADDRESS: 928 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13732 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13732

CERTIFICATE OF DEATH. 164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 2216 Ashton (St.) 20-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F Smith

(a) RESIDENCE. No. 2216 Ashton St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7 - 1847

7 AGE — Years: 79 — Months: 1 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Del

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Irvin Cook 36 2205 Ashton St.

Filed 1926

THAMPSON JONES, M. D. P.C. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Aug 29, 1926, that I last saw h— alive on Aug 28, 1926, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

Aug 30 1926 (Address) 517 Lowe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

National Cemetery Aug. 31 1926

20 UNDERTAKER — ADDRESS

George L. Schwab 2201 Eutaw Ave

Spec.—12-9-25—A Co.—200 Bks.

Dr Heller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13733

CERTIFICATE OF DEATH.

90 E 13733
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 N. Eutaw St., 6-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexandra Koch.

(a) RESIDENCE NO. 421 N. Eutaw St. 6 Ward
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Hans H. Koch.

6 DATE OF BIRTH (month, day, and year) March 14th 1849

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
77	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany.
(State or country)

PARENTS

10 NAME OF FATHER John Patelski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Kayawa

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Katherine Devlin Daughter
(Address) 421 N. Eutaw St

15 Filed ..... 19 ..... G. LAMPSON JONES, M. D.
Registrar
Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Aug 29, 1926, that I last saw h.. alive on Aug 29, 1926, and that death occurred, on the date stated above, at 4 15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio vascular disease (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Leo Heller, M. D.

8/31, 1926 (Address) 1937 Gough St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery Date of Burial Sept. 1st 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Mayb. St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13734

CERTIFICATE OF DEATH.

90 E 13734

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of Poor St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mary Gies (Gies)

(a) RESIDENCE NO. Preston Haven St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow of

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gies.

6 DATE OF BIRTH (month, day, and year): 1846.

7 AGE: Years: 80 | Months: | Days: | IF LESS than 1 day.....hrs. or.....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Sister Theresa

(Address): Preston Haven

Filed Aug 30 1926 C. HAMPSON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h.. alive on Aug 29, 1926 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) age

____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H. Warner, M. D.

Aug 30, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Co. Date of Burial: Sept. 1 1926

20 UNDERTAKER: Ed J. Harle ADDRESS: 115 E. North Ave

ec.—1-12-23—M&T—500 Bks.

E 13735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13735

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH West Balto. General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Edward ST. 27 WARD)

2-FULL NAME Lawrence, Whiteford

(a) RESIDENCE NO. 208 E. Virginia Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 13, 1900

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
	26	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Nicholas Whiteford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Emaechler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Mr. Chas Whiteford
(Address) 208 E. Virginia ave.

Filed 1926 C. HAMPTON JONES, M. D.
Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1926, to Aug 30, 1926,

that I last saw him alive on Aug 30, 1926,

and that death occurred, on the date stated above, at 8 50 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Lab

(Signed) Benjamin Miller, M. D.

Aug 30 1926 (Address) Md. B. J. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 2 1926
20 UNDERTAKER	ADDRESS
Wm Fickus Son	North & Pa

pec.—6-9-19—H. P. Co.—1000 Bks.

13736

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 13736

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3312 Egerton Place. ST. 15 5th WARD)

2-FULL NAME Amanda Cecilia Warner.

(a) RESIDENCE. No 3312 Egerton Place. ST., 15 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of George. T. Warner

DATE OF BIRTH (month, day, and year) Aug 16. 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63		15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 0?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Westminster
(State or country) Maryland

10 NAME OF FATHER Charles. H. Littleton.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah E. Webster

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

Informant Charles. W. Littleton
(Address) 4315 Liberty Heights Ave

Filed , 19

1926 C. HAMPSON JONES, M. D. Registrar.

Per Next

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1926

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to Aug 31, 1926, that I last saw h[illegible] alive on Aug 31, 1926 and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis. Rectum, Sigmoid, Liver and Stomach

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3611 Forest Park Ave.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys Exam & Xrays.

(Signed) Charles. L. Warner, M. D.

, 19 (Address) 3312 Egerton Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Sept 2 1926
20 UNDERTAKER	ADDRESS
Wm J Tickner & Sons	N & Pa

Cor.—12-9-25—A Co.—200 Bks.

E 13737

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13737

CERTIFICATE OF DEATH.

144

21-3

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Tucker.

(a) RESIDENCE NO. 775 St. Peter St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, XXXXXXXXXXXX XXXXXXXXXX (or) WIFE of Julius Tucker.

6 DATE OF BIRTH (month, day, and year) June 10, 1892.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER James Ferguson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Catherine Wise.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St. Marys Co. Md.

14 Informant Julius Tucker. (husband)

(Address) 775 St. Peter St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RHH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Placenta Previa.
Hemorrhage.
Shock.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

8/31 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

775 St. Peter St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial Sept 1, 1926

20 UNDERTAKER Wm. Leverle & Son ADDRESS E. Monument

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13738

E 13738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fisher

(a) RESIDENCE NO. 827 W Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Ellen Fisher

DATE OF BIRTH (month, day, and year) Mar 2/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	28 29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mutual Lumber Co

BIRTHPLACE (city or town) (State or country) Balto, md

10 NAME OF FATHER Geo. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, md

12 MAIDEN NAME OF MOTHER Laura Vansant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

Informant Ellen Fisher

(Address) 827 W. Cross

Filed ..... 19 .....

Per ..... Registrar

C. THOMPSON JONES, M. D.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/7, 1926, to 8/30, 1926,

that I last saw h in alive on 8/30, 1926,

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Sept 2, 1926

20 UNDERTAKER Wm Cook & Son

ADDRESS E. Monument

E 13739

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13739

1 PLACE OF DEATH

Arlington 12

REGISTERED No. C .....

CITY OF BALTIMORE (No. 3808 Hamilton ave ST. 28 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Upton & L Stoner

(Residence in Baltimore: No. 3808 Hamilton ave St.: 34 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
M	W	Married

6 DATE OF BIRTH April 13, 1852 (Month) (Day) (Year)

7 AGE 74 yrs. 4 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 06

9 BIRTHPLACE (State or country) Md.

PARENTS

10 NAME OF FATHER Upton Stoner

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Walty

13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret Stoner

(Address) 3808 Hamilton ave

15 C. HAMPSON JONES, M. D.

1926 Per ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 30, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926 to Aug 30 1926 that I saw h[illegible] alive on Aug 29, 1926 and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Biliary Colic

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Stanford McAleer M. D.

Aug 30, 1926 (Address) 1609 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pope Creek Burial Co Md

DATE OF BURIAL Sept 2, 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N Milton ave

Spec.—1-10-21—M&T—1500 Bks.

E 13740

13740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1 ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thumper

(a) RESIDENCE NO. Glen Arm Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4 mo	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Perryhall md

PARENTS

10 NAME OF FATHER Theodore Thumper

11 BIRTHPLACE OF FATHER (city or town) Perry Hall (State or country) Md

12 MAIDEN NAME OF MOTHER Vandeusen

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs. Theodore Thumper (Address) Perry Hall md

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926 to Aug 30, 1926 that I last saw h alive on Aug 30, 1926 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? See Clinical

What test confirmed diagnosis?

(Signed) Chas A Thompson M. D.

, 19 (Address) Maryland Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Josephs Cemetery	Sept 1 1926
20 UNDERTAKER	ADDRESS
Fred'k Lassahn & Sons	Fullerton

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13741

CERTIFICATE OF DEATH.

90 E 13741

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 4712 Penhurst Ave St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Gallagher

(a) RESIDENCE NO. 4212 Penhurst Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Alexander Gallagher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Isabelle Trevor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Wm V. Gallagher

(Address) 4212 Penhurst Ave

15 Filed_____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 31, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 31st, 1926, to August 31, 1926, that I last saw h.ed. alive on Aug. 31, 1926, and that death occurred, on the date stated above, at 12 o a m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

(duration) 2 yrs. mos, ds.

CONTRIBUTORY Cardiac dilitation

(Secondary)

acute - (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr. P. Beverly, M. D.

, 19 (Address) 3048 West North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemt — Date of Burial: Sept 2 1926

20 UNDERTAKER: Harry W. Ehlen — ADDRESS 1914 W. North ave

Spec.—12-9-25—A Co.—200 Bks.

E 13742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13742

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3923 Belview Ave 15-1 Ward)

(If death occurred in a bospital or institution, give its NAME instead of street and nnmber.)

2-FULL NAME Mary Elizabeth Graham

(a) RESIDENCE NO. 3923 Belview Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John S. Graham

6 DATE OF BIRTH (month, day, and year) August 4, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm McLean

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Susan Crawford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Wm Graham

(Address) 2701 Allendale Rd. City

15 Filed....., 19..... Registrar

1926 C. [illegible] ...ON [illegible]

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30, 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Aug-22, 1926, to Aug-30, 1926, that I last saw h[illegible] alive on Aug-30, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Colitis complicated by myocardial insufficiency

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Cole, M. D.

8-31, 1926 (Address) 2407 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cem Sept 2 1926

20 UNDERTAKER — ADDRESS

Harry W. Ehlen 1946 N. North Ave

Spec– 12-23-21– E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 13743

CERTIFICATE OF DEATH.

E 13743

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 S. Bond st Ward 24 St.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Brulinska

(a) Residence No. 618 S. Bond st St.,.....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, Divorced, (Write the word.) Infant

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) June 20 1926

8-AGE, ...yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town)... Balto. Md.

(State or Country),

10-NAME OF FATHER. Vincent Brulinski

11-BIRTHPLACE OF FATHER (city or town). Poland.

(State or Country),

12-MAIDEN NAME OF MOTHER. Jozefa Wojcieska

13-BIRTHPLACE OF MOTHER (city or town) Poland.

(State or Country),

14-(Informant) Vincent Brulinski

(Address)... 618 S. Bond st.....

15-Filed Aug 30 1926 C. HAMPSON JONES, M. D. 192.....

Per R K Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 30-1926

17- I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Aug 30 1926

that I last saw Her alive on Aug 30 1926,

and that death occurred, on the date stated above, at 11 P.m.

The CAUSE OF DEATH* was as follows:

Postmature Birth

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) W. J. Dazek, M. D.

Aug. 30 1926 (Address) 2014 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Sept 1 1926

20-UNDERTAKER, George A. Weber ADDRESS 2205 Bank st

Spec.—1-10-21—M&T—1500 Bks. Cerebral Symptoms predominated ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13744

CERTIFICATE OF DEATH.

91-002

E 13744

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3835 Roland Ave ST., 13-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Schutz

(a) RESIDENCE NO. 3835 Roland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of: William G. Schutz

6 DATE OF BIRTH (month, day, and year): Jan 11 1853

7 AGE: Years 73 Months 7 Days 19

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Harriett Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Elizabeth Schutz 3835 Roland Ave

Filed 1926 .19 C. HARPSON JONES, Lt. U.S.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 4 .1926. to Aug 30 .1926.

that I last saw h—live on Aug 30 .1926.

and that death occurred, on the date stated above, at 2.10 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral apoplexy predominating

Cerebral Symptoms predominated

(duration) Indefinite yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) R B Norment, M. D.

8 31 .1926 (Address) 3845 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: Sept 1926

20 UNDERTAKER: W S Marshall ADDRESS: 3539 Fall Rd

Spec.—12-9-25—A Co.—200 Bks.

194817
E 13745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13745

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Harris

(a) RESIDENCE NO. 832 Rutland Ave St. City Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 1886

7 AGE — Years: 40 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Bill Mullagin

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Alice Hersey

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

E. HARRISON JONES, M. D.

Registrar

AUG - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Aug 31, 1926, that I last saw h.... alive on Aug 31, 1926, and that death occurred, on the date stated above, at 9-10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Blood pressure

(Signed) Louis C. Harlow, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial: Sept 3 1926

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1325 Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 13746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 13746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Sou ST. S-V WARD)

2-FULL NAME Richard Summerville

(a) RESIDENCE NO. 1124 Sou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Summerville

DATE OF BIRTH (month, day, and year) ? ? 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

Informant Daughter Grace Summerville

(Address) 1124 Sou.

Filed 1926 19

C. HAMPSON JONES, M. D.

Per KH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30 1926

17 I HEREBY CERTIFY, That I attended deceased from August 10, 1926, to August 30, 1926, that I last saw him alive on August 29, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. L. Berry, M. D.

, 19 (Address) 1510 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Sept 1 1926.

UNDERTAKER Mrs. Ida Snowden

ADDRESS 1708 Madison

Spec.—1-10-21—M&T—1500 Bks.

E 13747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 13747
REGISTERED NO.

1-PLACE OF DEATH 627 N. Fremont Avenue

CITY OF BALTIMORE: (NO. ..... ST. 171 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dunn

(a) RESIDENCE NO. 625 N. Fremont Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov, 17 1814

7 AGE: Years 51 5Y | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jennie Gregory
(Address) 625 N. Fremont Ave

15 Filed SEP 1 - 1926 HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-29- 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-16-26, 19 ... to 8-29-26 ..., that I last saw h- alive on 8-29-26, 19 ..., and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonic Phthisis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. D'Butler, M. D.

, 19 (Address) 420 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakey Cemetery | DATE OF BURIAL: Sept 2 1926

20 UNDERTAKER: Mrs. R. G. Elliott | ADDRESS: 1225 Eastland

Spec.—12-9-25—A Co.—200 Bks.

1925 E 13748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+92 E 13748

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Horsey

(a) RESIDENCE NO. 3 Poplar Heights St. City Ward Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 1861

7 AGE: Years 65 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) Md

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) Ga

(State or country) [redacted] Ga

12 MAIDEN NAME OF MOTHER Lucinda Green

13 BIRTHPLACE OF MOTHER (city or town) Ga

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

1 - 1926 Per JK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1926, to Aug 28, 1926

that I last saw her alive on Aug 28, 1926

and that death occurred, on the date stated above, at 9 50 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocardial failure

(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) Coronary arterio sclerosis

(duration) ? yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis E Martree M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — Date of Burial: Sept 2 1926

20 UNDERTAKER: Mrs. R.G. Elliott — ADDRESS 1725 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

Skurman

E 13749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4+ E 13749

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Lethbridge Ave ST., 25-B WARD)

2-FULL NAME Madelme Skurman

(a) RESIDENCE NO. 1218 Lethbridge Ave ST., ... WARD Cont. Cath

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Casimer L. Skurman

DATE OF BIRTH (month, day, and year) 5 68

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	-	-	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Father Kazalis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Kazis Skurman

(Address) 1218 Lethbridge Ave.

Filed ... 1926 ..., 19 ... Per ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1922, 19 ..., to Aug 30, 1926, that I last saw h er alive on Aug 25, 1926, and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cancer

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? [illegible] X ray

(Signed) Geo W Stewart, M. D.

Aug 31 1926 (Address) 427 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 9/1 1926

20 UNDERTAKER Charles D. Buchanan — ADDRESS 637 N. Paca St

Spec.—1-10-21—M&T—1500 Blks.

13750

HEALTH DEPARTMENT—CITY OF BALTIMORE

13750

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina Smith

(a) RESIDENCE No. 834 Coke Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7 DATE OF BIRTH (month, day, and year) 1901 ?

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry work

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Phillis Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed SEP 1 - 1926 Per RK Registrar

C. JAMESON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1926, to Aug. 30, 1926, that I last saw her alive on Aug. 30, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonic phthisis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gattens, M. D.

8-30-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL 8-32 aug 31

20 UNDERTAKER Edward Bryon

ADDRESS 1631 [illegible]

Spec.—1-10-21—M&T—1500 Blks.

Bazozowski

13751

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-00

E 13751

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Brouski

(a) RESIDENCE No. 240 So. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

6b DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 45. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Groceriesman

(b) General nature of industry, business, or establishment in which employed (or employer): 034

(c) Name of employer: at Home.

9 BIRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER: Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Martha Brzozowski 240 S Wolfe st

15 Filed SEP 1 1926 C. HAMPTON JR. Registrar

Reg. RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-31 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-25 .1926. to 8-31 .1926.

that I last saw h (alive on 8-31 .1926.

and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary) Pneumonia - bronchi

(duration) - yrs. - mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Victor Silver M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Sept 4 1926

20 UNDERTAKER: J. A. Brzozowski — ADDRESS: 1930 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13752

CERTIFICATE OF DEATH.

84 E 13752

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary. St 242 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A, Barranco.

(a) RESIDENCE NO. 427 E. Fort Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) November 9, 1917.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Barranco.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy.

12 MAIDEN NAME OF MOTHER Marie Barranco.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Frank Barranco. (father)

(Address) 427 E. Fort Ave.

15 Filed 1926 19____ C. HAMPSON JONES, M. D. Per R.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Tumor. (Cyst)
Non-malignant.
Operation. Shock.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/31 19 26 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

427 E. Fort Ave.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Sept 2 1926

20 UNDERTAKER Frank V. Petrone ADDRESS 2818 E. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13753

CERTIFICATE OF DEATH.

38 E 13753

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6-1 WARD)

2-FULL NAME Joseph Carroll.

(a) RESIDENCE NO. 721 W. Dallas ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Carroll

DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	57			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Carroll

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Betty Wilson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant City Hospitals Records
(Address)

15 Filed Aug 29 1926 G. HAMPSON JONES, M. D. Registrar
Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29 1926

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1926, to Aug. 29, 1926
that I last saw him alive on Aug. 29, 1926
and that death occurred, on the date stated above, at 8:30 A. m.
The CAUSE OF DEATH* was as follows:

Aneurism of aorta with rupture

(duration) yrs. 5 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Microscopic

(Signed) C. Sulmar Boyd M. D.
, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Sept 1, 1926
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Schroeder St

ec.—1-12-23—M&T—500 Bks.

13754

HEALTH DEPARTMENT—CITY OF BALTIMORE

13754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rozioh Smuck

(a) RESIDENCE NO. Laurel Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Mason Bruer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Adelaide Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: West Balt. Gen. Hospital

(Address)

Filed 1926 H. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/30, 1926, to 8/31, 1926, that I last saw her alive on 8/31, 1926, and that death occurred, on the date stated above, at 5:50 P m.

The CAUSE OF DEATH* was as follows:

Inguinal Hernia regot.

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal obstruction due to strangulated Hernia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Laurel Md

Did an operation precede death? yes Date of 8/30/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms,

(Signed) Thomas B. Jansen, M. D.

8/31/26 (Address) West Baltimore Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenkirk Md

DATE OF BURIAL: Sept 1 1926

UNDERTAKER: Geo. E. French

ADDRESS: Laurel Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13755 44 E 13755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (NO. ..... ST., 8-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Peter A Kniss.

(a) RESIDENCE NO. 1335 E. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Mrs. Kniss.

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber.

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John Kniss.

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Anna Albert.

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Geo Kniss
(Address) 1330 E Bond St

15 Filed SEP 1 - 1926 16 C. HAMPTON JONES, M. D., Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Sept 1, 1926, that I last saw h[illegible] alive on Aug 31, 1926, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach.
Gastric malignancy.
Hypertrophied Prostate.
Cont (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Expensive.
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Jno A Jones M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept. 4 1926
20 UNDERTAKER	ADDRESS
Wm J Kirkner Sons	Norchola

Co. 12-[illegible]-200 Bks.

E 13756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13756

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Mercy Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward S. Smith

(a) RESIDENCE NO. 704 Cathedral St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 44 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16, 1881

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
44	8 mo	20 dys	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... under 10

(b) General nature of industry, business, or establishment in which employed (or employer) ..... /

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Balto.

(State or country)

PARENTS

10 NAME OF FATHER Robert B. Smith

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) England

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) England

14 Informant Mary L. Smith

(Address) 704 Cathedral

Filed 9-1-1926 C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29. 26 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

Aug 31 (Signed) W. J. Tilley M. D.

(Coroner)

, 19 29 (Address) 1639 Bundy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Date of Burial 9/1 19 26

20 UNDERTAKER Hall Johnson & Bro ADDRESS 1127 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13757

CERTIFICATE OF DEATH.

90 E 13757

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1031 Riverside Ave. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine L. Eid.

(a) RESIDENCE NO. 1031 Riverside Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, ~~XXXXXXXXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of William Eid.

6 DATE OF BIRTH (month, day, and year) July 29, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER William H. Hooper.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Cavanaugh.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Annapolis Md.

14 Informant Mary E. Blair. (sister)

(Address) 449 Grindall St.

15 Filed 1 - 1926, 19 C. HARRISON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

8/31 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Date of Burial 9-3 1926

20 UNDERTAKER E. B. Hale ADDRESS 115 E West St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13758

134002

CERTIFICATE OF DEATH.

E 13758

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St., 1513 Ward)

2-FULL NAME Robert E. Council (Colored)

(a) RESIDENCE NO. 1421 N. Vincent St, St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE: Years 36 | Months - | Days 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Robert Council

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Catherine Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Catherine Fuller

(Address) 1421 N Vincent

15 Filed 1926 C. HAMPSON JONES, M. D.

Per B K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Aug 31, 1926, that I last saw him alive on Aug 31, 1926, and that death occurred, on the date stated above, at 8 A, m.

The CAUSE OF DEATH* was as follows:

Extravasation of Urine

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess

Influenza

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of Aug 30 26

Was there an autopsy? yes

What test confirmed diagnosis? _____

(Signed) P. Miller, M. D.

, 19 (Address) Mercy Hospital Balt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National — Date of Burial: Sept 3 1926

20 UNDERTAKER: Franklin W Sent — ADDRESS: 4094 33rd St

Spec.—1-10-21—M&T—1500 Bks.

E 13759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13759

CERTIFICATE OF DEATH.

117

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

2-FULL NAME McHenry Frazier

(a) RESIDENCE No. 313 E. 30th ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Florence Mae Frazier

6 DATE OF BIRTH (month, day, and year) 2-6-1915

7 AGE — Years: 6 — Months: 6 — Days: 25 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Buyer for a Mfg. Co.

(b) General nature of industry, business, or establishment in which employed (or employer): 0&b

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John M Frazier

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Martha L Grafton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Dorothy Frazier (Address) 313 E. 30th St

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-27, 1926, to 8-31, 1926, that I last saw him alive on 8-31, 1926, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis with Peritonitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-27-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond T. Johnston M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Sept 2 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1204 W Fayette

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13760

CERTIFICATE OF DEATH.

197 E 13760

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank. Ermarco.

(a) RESIDENCE NO. 317 S. Hugh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Giemarci

6 DATE OF BIRTH (month, day, and year): January 10 1876.

7 AGE: Years 31 Months 7 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Slater

9 BIRTHPLACE (city or town): Italy

(State or country)

10 NAME OF FATHER: Frank. Ermarco

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): ~~Scott~~ Italy

PARENTS

14 Informant: Maria Ermarco.

(Address) 317 S. Hugh

15 Filed 1 - 1926 C. HARRISON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage. Involvement of lungs & liver,

Short ~~colitis~~ (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY Homicide

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Gray M. D.

(Coroner)

Sept 1, 1926 (Address) 1637 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. State the ~~Short Creek~~ yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

Date of Burial: Sept 1 1926

20 UNDERTAKER: Randall J. Hagerd

ADDRESS 22 S. Eden

Spec.—1-10-21—M&T—1500 Blks.

(Thomas)

13761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J Lomas

(a) RESIDENCE NO. 1636 Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant City Hospital Records. (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1926, to Aug. 28, 1926, that I last saw him alive on Aug. 28, 1926, and that death occurred, on the date stated above, at 2·40 P. m.

The CAUSE OF DEATH* was as follows:

hepatitis - chronic

myocarditis - chronic

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general data

(Signed) C. Wilmer Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 9/1 1926

20 UNDERTAKER J J Fahey Sons — ADDRESS 1348 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13762

CERTIFICATE OF DEATH.

REGISTERED NO. 13762

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 15-12 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Harry Shapiro

(a) RESIDENCE NO. 2013 Westwood Ave ST., WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. 2/ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 10 23

7 AGE: Years 3 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none (Child)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Wm Shapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Annie Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

PARENTS

14 Informant (Address): Wm Shapiro 2013 Westwood ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-31 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-22, 19 26 to 8-31, 19 26

that I last saw h[illegible] alive on 8-31, 19 26,

and that death occurred, on the date stated above, at 4:30 p m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions (Undetermined)

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Signs

(Signed) Victor Levy, M. D.

9/1, 19 26 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisner Southern Ave DATE OF BURIAL 9/1 1926

20 UNDERTAKER: Sol Levinson & Bro ADDRESS 1217 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13763

E 13763

CERTIFICATE OF DEATH.

44

REGISTERED NO. 151

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3503 Powhatan Ave ST. WARD)

2-FULL NAME Martha Dameron Bragg

(a) RESIDENCE No 3503 Powhatan Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles M. Bragg

6 DATE OF BIRTH (month, day, and year): Jan 17th, 1865

7 AGE: Years 61 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bridgewater Va.

PARENTS

10 NAME OF FATHER: Rev Chas L. Dameron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sarah C. Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Vernon Bragg

(Address): 2304 Allendale Road

15 Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1st, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4th. 1925 to Sept. 1 1926, that I last saw her alive on Aug. 31st. 1926, and that death occurred, on the date stated above, at 4 A. M. m.

The CAUSE OF DEATH* was as follows:

Ulcer- carcinoma of the cardiac end of stomach

(duration) 2(?) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-13-26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. L. Wilkinson M. D.

A. L. Wilkinson, M.D.

. 19 (Address) Cole Ave. & Belair Rd.

Raspeburg Sta. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisonburg Rockingham Co. Va.

DATE OF BURIAL: Sept 3rd, 192

20 UNDERTAKER: Bertram Hoge

ADDRESS: 123 W Lafayette

Spec.—1-10-21—M&T—1500 Blks.

13764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13764

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-7 Ward)

2-FULL NAME William R. Smith

(a) RESIDENCE No. 132 Granite Hill Oella Md. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 29 926

7 AGE — Years: ..... Months: 3 Days: 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Oella Md

PARENTS

10 NAME OF FATHER William R Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oakland Md.

12 MAIDEN NAME OF MOTHER Edna Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County Md

14 Informant Mrs Wm R Smith

(Address) Oella Md.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926 to Aug 31, 1926

that I last saw h. alive on Aug 31, 1926

and that death occurred, on the date stated above, at 7-55 A m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No Clinical.

What test confirmed diagnosis? .....

(Signed) Jas A Hampson Jones M. D.

, 19 (Address) Md General Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kobb & Elliott Cemetery

DATE OF BURIAL 9/1 1926

20 UNDERTAKER Edw J McKobb Elliott City

ADDRESS .....

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13765

E 13765

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2226 Harford ave. 9-2 Ward)

2-FULL NAME Orsella Lanza

(a) RESIDENCE NO. 2226 Harford ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
M	W	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dominic Lanza

6 DATE OF BIRTH (month, day, and year) Sept- 21- 1854.

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	71	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cefalu

(State or country) Italy.

PARENTS

10 NAME OF FATHER Rosario Curreri

11 BIRTHPLACE OF FATHER (city or town) Cefalu

(State or country) Italy

12 MAIDEN NAME OF MOTHER Ignazia —?

13 BIRTHPLACE OF MOTHER (city or town) Cefalu

(State or country) Italy.

14 Informant Grace DiMartini

(Address) 2226 Harford ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31-1926

17 I HEREBY CERTIFY, That I attended deceased from 8-30-, 1926, to 8-31, 1926; that I last saw her alive on 8-31-, 1926; and that death occurred, on the date stated above, at 7-30 a. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis
Valvular Cardiac trouble - ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemiplegia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) S. J. Demarco, M. D.

8/31/1926 (Address) 1604 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cem. Date of Burial Sept 2nd 1926

20 UNDERTAKER Leo D. Crook ADDRESS 1123 Patterson Park Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13766 ✓ 90 E 13766

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 13766

1-PLACE OF DEATH

City of BALTIMORE: (No. 758 W. Fayette St. 14-1 Ward)

2-FULL NAME Washington Pinkney Baker

(a) RESIDENCE NO. 758 W. Fayette St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J Baker

6 DATE OF BIRTH (month, day, and year) Dec 28. 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Airy Md

(State or country)

PARENTS

10 NAME OF FATHER Francis A. Baker

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hood

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Catherine J. Baker

(Address) 758 W. Fayette St

15 Filed _____ 19____ C. HAMPSON JONES, M. D.

SEP 1926 Registrar

PAT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31st 1926.

17

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h[illegible] on Aug 31, 1926.,

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Indefinite (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

Indefinite (duration) ____ yrs. ____ mos. ____ ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Klaseman, M. D.

Sept 1. 1926 (Address) 814 Hamilton Terrace Cor West Mt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Morgan Chapel Sept 3rd 1926

20 UNDERTAKER Mr. & Mrs. J. W. Leufel & Son ADDRESS 801 W. Fayette

Spec.—1-10-21—M&T—1500 Rks.

E 13767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13767

CERTIFICATE OF DEATH.

185

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Pulaski ST. 15 12 WARD)

2-FULL NAME Elizabeth Groscup

(a) RESIDENCE No. 1611 N. Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 70 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Groscup

6 DATE OF BIRTH (month, day, and year) June 3, 1851

7 AGE — Years 75 — Months 2 — Days 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Daniel Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Medicus

(Address) 1611 N. Pulaski St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1926

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1922, to Sept 1, 1926,

that I last saw her alive on Aug 30, 1926,

and that death occurred, on the date stated above, at 12:5 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

To my knowledge

(duration) 5 yrs. ... mos. (over) ds.

CONTRIBUTORY (Secondary) Fracture of neck of femur

(duration) ... yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) Marie Ingram, M. D.

, 19 (Address) 2439 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Aug 3 1926

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1222 Light St

Spec.—1-12-23—M&T—500 Blks.

E 13768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1041 Ashbutton ST., 16 3 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Paul Retz Jr.,

(a) RESIDENCE NO. 1041 Ashburton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	5 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Geo. P. Retz Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Anna T. Nolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Geo. P. Retz

(Address) 1041 Ashburton St.

15 Filed ..... 19 C. THAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1926 to August 31, 1926, that I last saw h in live on August 31, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pertussis 30 Days

Bronchial Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw Nevo Calhoun M. D.

19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Sept 2, 1926
20 UNDERTAKER Margaret J. Flynn	ADDRESS 1422 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13769

CERTIFICATE OF DEATH.

44 E 13769

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 Riverside Ave 24-1 Ward)

2-FULL NAME Jane Nolan

(a) RESIDENCE NO. 1409 Riverside Ave. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. Nolan

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 80 | Months About X | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Indnstry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Ireland.

PARENTS

10 NAME OF FATHER John Byrne

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Unknown

14 Informant Mrs Wm Thommen

(Address) 1409 Riverside Ave

15 Filed ..... 1926 C. J. WILSON, [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1926, to Aug 31, 1926, that I last saw h.. alive on Aug 31, 1926, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (Intestines) (duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Lomas, M. D.

9.1.26 (Address) 107 East West Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Sept 4 1926

20 UNDERTAKER: Margaret J. Flynn ADDRESS: 1427 Light St.

Spec.—1-10-21- M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13770

CERTIFICATE OF DEATH.

90 E 13770

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1325 Hanover ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Spedden

(a) RESIDENCE NO. 1325 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Reginald Spedden

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Jack Spedden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Spedden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge, Md.

14 Informant Reginald Spedden (Address) 1325 Hanover St.

15 Filed 9- 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1926, to Aug 31, 1926, that I last saw her alive on Aug 31, 1926, and that death occurred, on the date stated above, at 10.30a m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) decompensation of pulmonary congestion (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys

(Signed) Wm C Bigler M. D.

9/ , 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md — DATE OF BURIAL Sept 2 1926

20 UNDERTAKER John F Denny — ADDRESS 765 Light St

Spec.—12-9-25—A Co.—200 Bks.

Dr Hall – Worthington Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13771

CERTIFICATE OF DEATH.

10 E 13771

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3061 Frederick Rd. St. W Ward)

2-FULL NAME John R. Polton

(a) RESIDENCE NO. 3061 Frederick Rd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb 19 1839

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	87	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Polisher

(b) General nature of industry, business, or establishment in which employed (or employer) Knabe & Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alex. Polton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Annie Beck

(Address) 2615 Clifton Ave.

15 Filed C. HAMPSON JONES, M. D. 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-14- 1926 to Sept 1 1926,

that I last saw h.im alive on 8-30- 1926,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Diseases customary to old age

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J B Hall, M. D.

, 19 (Address) Hallethorp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Date of Burial Sept 1 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E Monument

Spec.—12-9-25—A Co.—200 Bks. Dr Hornstein 733 Dr Smith St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13772 — 1-PLACE OF DEATH

129

E 13772 — REGISTERED NO.

City of BALTIMORE: (No. 701 Mura St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jeannette York

(a) RESIDENCE NO. 701 Mura St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W.

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John York.

6 DATE OF BIRTH (month, day and year) March 20. 1873

7 AGE — Years 53 | Months 5 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas McCrone

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Margaret Reond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Alice Leonard

(Address) 701 Mura St

15 Filed 2-1926 C. HAMPSON JONES, M. D. Registrar

Per R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 14 1924, to Aug 30, 1926, that I last saw h[illegible] alive on Aug 30, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Ch Interstitial Nephritis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. L. Hornstein, M. D.

, 19 (Address) 733 Dr Smith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral — Date of Burial Sept 4 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13773

129 E 13773

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1416 E. Lexington St. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthias Price.(C)

(a) RESIDENCE NO. 1416 E. Lexington St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Widower.

5a If ~~married, widowed, or husband of~~ Ida Davis.(C)

6 DATE OF BIRTH (month, day, and year) January--- 1828

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	98	7	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Talbott Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Emma Price.(C) daughter.

(Address) 1416 E. Lexington St.

15 Filed 9-2-1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 31, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Leonhardt M. D. (Coroner)

8/31 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial Sep 2 1926

20 UNDERTAKER Milton Davis ADDRESS 316 N Eden St

Cor.—12-9-25—A Co.—200 Bks.

E 13774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13774

CERTIFICATE OF DEATH.

202

1-PLACE OF DEATH

REGISTERED NO. 24-2

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Geisler.

(a) RESIDENCE NO. 1526 Boyle St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 19, 1915.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Geisler.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. White.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mary A. Allen. (mother)

(Address) 1526 Boyle St.

15 Filed SEP 2 1926 Per C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Embolism. Accidentally cut foot with piece of glass.
Operation. Aneurism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

9/2 · 26 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 1526 Boyle St. August 25, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Sept 4 1926

20 UNDERTAKER Chas. L. Evans ADDRESS 1600 Hunt av

Cor.—12-9-25—A Co.—200 Bks.

E 13775

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

181-001 E 13775

1-PLACE OF DEATH

City of BALTIMORE: (No. 2504 Eager Place. St., 73 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. O'Mailey.

(a) RESIDENCE NO. 2504 Eager Place. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 1 mo. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Rose O'Mailey.

6 DATE OF BIRTH (month, day, and year) July 14, 1889.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman. 32

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City Fire Dept.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick O'Mailey

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Connelly

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Baltimore, Md.

14 Informant Rose O'Mailey. (wife)

(Address) 2504 Eager Place.

15 Filed SEP 2 1926 19____ C. HAMPSON JONES, M. D. Registrar

Pct

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 1, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas poisoning.
Accidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. M. Reinhardt M. D. (Coroner)

9/2, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vincent Cemetery Date of Burial 9/3/1926

20 UNDERTAKER P. J. Tamburrini - 1938 E. Fayette ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13776

CERTIFICATE OF DEATH.

E 13776

REGISTERED NO. 24-E 13776

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N Fulton Ave ST. 15-12 WARD)

2-FULL NAME Jennie S Shubkagel

(a) RESIDENCE NO 1644 N Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 4 1860

7 AGE: Years 65 | Months 10 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Carroll County
(State or country) Md

10 NAME OF FATHER William Shubkagel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hilsen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

Informant Harry Shubkagel
(Address) 1644 N Fulton Ave

C. HAMPSON JONES, M. D. Registrar

P2 - 1926 RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Sept 2 1926

20 UNDERTAKER: George J Smith — ADDRESS: Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13777

CERTIFICATE OF DEATH.

E 13777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2211 W Fayette ST. 13 WARD)

2-FULL NAME Louis J. G. Strott

(a) RESIDENCE NO. 2211 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of ~~(or Widow of)~~ Mary C. Strott

6 DATE OF BIRTH (month, day, and year) April 5 1867

7 AGE: Years 59. Months 4 Days 26 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER Carl Strott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Margaret Kell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Son. (Address) 2211 W Fayette.

15 Filed 9-4 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-26

17 I HEREBY CERTIFY, That I attended deceased from 7-15-26 to 9-1-26.

that I last saw him alive on 9-1-26,

and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chr. Interstitial Nephritis

Hypertension, Chr. Myocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Findings

(Signed) Gerald Stowell, M. D.

, 19 (Address) 715 Fredrick Ave Catonsville.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 4 1926

20 UNDERTAKER: George J. Smith

ADDRESS 1632 Hollins

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13778

CERTIFICATE OF DEATH.

88 E 13778

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1035 Sarah Ann ST. 18-1 WARD)

2-FULL NAME Addie Nelson

(a) RESIDENCE. No 1035 Sarah Ann ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29. 1889

7 AGE — Years: 37 — Months: — Days: 2 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dayton, Howard Co

PARENTS

10 NAME OF FATHER: Daniel Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Mary Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Wm A. Jackson
(Address) 1035 Sarah Ann St

15 Filed ... 192... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Sept 1, 1926.
That I last saw her alive on Aug 6, 1926
and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Jas L Hooper, M. D.

9-1, 1926 (Address) 862 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bowers Chapel Md	Sept 4/926
20 UNDERTAKER	ADDRESS
Daniel Easter	Pa one

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13779

CERTIFICATE OF DEATH.

44 E 13779

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2404 Liberty Heights Ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Meyer Rosenzweig

(a) RESIDENCE NO. 2404 Liberty Heights Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Rosenzweig.

6 DATE OF BIRTH (month, day, and year) January 27 - 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	66	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Smitkowicz

(State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Rosenzweig.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Morris Rosenzweig

(Address) 2328 Callow Ave.

C. HAMPSON JONES, M. D.

15 Filed 9-2-1926 18 Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept 1 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from August 3, 1926, to Sept 1st, 1926, that I last saw him alive on Sept 1st, 1926, and that death occurred, on the date stated above, at 8:00 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus.

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-ray & Esophagoscope

(Signed) Chester Leland, M. D.

9-1-, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd Date of Burial 9/2 1926

20 UNDERTAKER for Levinson Bro E Balto st ADDRESS 1127

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13730

CERTIFICATE OF DEATH.

176 E 13780

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 1-4)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boyd Alton Johnson

(a) RESIDENCE No. 814 South East Ave Ward 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	3 2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Boyd Lewis Johnson

11 BIRTHPLACE OF FATHER (city or town) Essex Co (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rena Cecil Culley

13 BIRTHPLACE OF MOTHER (city or town) Rock Hall (State or country) Maryland

14 Informant Mrs Boyd L Johnson

(Address) 814 South East Ave

15 Filed 7d3S C. HARRISON JONES, M. D. 19 Par — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Sept 2, 1926, that I last saw him alive on Sept 2, 1926, and that death occurred, on the date stated above, at 6-05 A m.

The CAUSE OF DEATH* was as follows:

Primary Peritonitis

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Junk ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 2 1926

Was there an autopsy? Yes Exploratory

What test confirmed diagnosis? —

(Signed) Lewis Allen Taunton, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Sept 3 1926

20 UNDERTAKER H. Lander & Sons — ADDRESS 1701 Eutaw Pl

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13781

CERTIFICATE OF DEATH.

E 13781

REGISTERED NO. 1294

1-PLACE OF DEATH Bon Secours Hospital No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Mr. Augustine E. Miller

(a) RESIDENCE No. 3417 Mt. Pleasant Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary A. Miller.

DATE OF BIRTH (month, day, and year) Aug 26 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75		5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Niece Mrs. Anna Holland

(Address) 1904 N. Monroe St.

Filed 12-7-1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1926, to Sept. 1, 1926.

that I last saw him alive on Sept. 1, 1926,

and that death occurred, on the date stated above, at 11.45A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis - Interstitial

Arteriosclerosis

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Sept 4 1926

20 UNDERTAKER Martin Fahey & Sons.

ADDRESS 1827 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Bradford St. 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hoyt

(a) RESIDENCE No. 815 N. Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? 70 yrs. 4 mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late John Hoyt

6 DATE OF BIRTH (month, day, and year): April 2 - 1856

7 AGE: Years 70 Months 4 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Fred Broader

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. [illegible] Hoyt

(Address): 815 N. Bradford St

15 Filed ..... 19 ..... Registrar C. THOMPSON JONES, M. D.

- 1926 Per RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-1 1926

17

I HEREBY CERTIFY, That I attended deceased from 8 29, 1926, to 9-1, 1926, that I last saw h... alive on 9-1, 1926, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Nephritis / Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) a with Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) J. Thos. Kurtz M. D.

(Address) 8000 Wash Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ger Man Com

DATE OF BURIAL: Sept 3 1926

20 UNDERTAKER: Peter Nicolaus

ADDRESS: 2223 Eastern Av

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13783

CERTIFICATE OF DEATH.

E 13783
REGISTERED NO.

1-PLACE OF DEATH South Balt Gen Hospital 131

City of BALTIMORE: (No. 1213 Light St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Fletcher

(a) RESIDENCE NO. North Linthicum Heights Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, ~~Widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert E Fletcher

6 DATE OF BIRTH (month, day, and year) Apr 1 - 1883

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
43.	4	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of indnstry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER Charles U Harle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore md

12 MAIDEN NAME OF ~~MOTHER~~ Mary Sampson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore md

14 Informant Charles U Harle

(Address) Pennsylvania

Filed 2-1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1926.

17

I HEREBY CERTIFY, That I attended deceased from March 12 1926, to Aug 30, 1926,

that I last saw h.e.r. alive on Aug 30, 1926,

and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (my DB Side).

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Insanity

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of March 26/26

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. S. Hardesty, M. D.

, 19 (Address) South Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Sept 2 1926

20 UNDERTAKER Robt G Turner — ADDRESS 1442 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 13784

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13784

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1805 Bentalou ST. 15-17 (WARD)

2-FULL NAME Pauline Ledler

(a) RESIDENCE NO. 1805 Bentalou ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ledler

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Emanuel Bronstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Esther Lowenmark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Pauline Ledler (Address) 1805 E. Bentalou St.

15 Filed ... 19... THOMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 8-22-1926, to 9-1-1926, that I last saw h[illegible] alive on 9-1-1926, and that death occurred, on the date stated above, at 8.00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Oedema of Lung

(duration) yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) [illegible] M. D.

9-1-1926 (Address) 2202 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Sept 7 1926

20 UNDERTAKER J. Mercer & Co — ADDRESS 331 W. Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13785 — CERTIFICATE OF DEATH — E 13785

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 600 (St.) Winans Way (Ward) Hamilton Ridge

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Reynolds

(a) RESIDENCE No. 600 Winans Way ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Reynolds

6 DATE OF BIRTH (month, day, and year): Mar 3-1861

7 AGE — Years: 64 — Months: 8 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Self 042

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Key West, Florida

PARENTS

10 NAME OF FATHER: Jno. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Florida

12 MAIDEN NAME OF MOTHER: Roberta Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Ida Reynolds 600 Winans Way

15 Filed ..... 19 ..... Registrar: .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/11 19 26

17 I HEREBY CERTIFY, That I attended deceased from 8/24, 19 26, to 9/11/26, 19 ....., that I last saw him alive on 9/1/26, 19 ....., and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver

Myocarditis (Toxic)

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. N. Woody, M. D.

19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Key West Florida — DATE OF BURIAL: Sept 2 1926

20 UNDERTAKER: J. J. Moran — ADDRESS: 300 E. Baltimore

P2 — GRANISON JONES

Spec.—1-10-21—M&T—1500 Bks.

E 13786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 13786

REGISTERED NO. ..

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N. Milton Ave. WARD 6-3)

2-FULL NAME Charles H. Kuehn

(a) RESIDENCE NO. 135 N. Milton Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Caroline F. Kuehn

6 DATE OF BIRTH (month, day, and year) Mar 17 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schloss Bros.

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Adolph Kuehn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Charles H. Kuehn

(Address) 135 N. Milton Ave

Filed SEP 2 - 1926 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 27 1926 to Aug 31 1926.

that I last saw him alive on Aug 31 1926

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Gustav H. Wolbrueck, M. D.

9/1 1926 (Address) 1120 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk — DATE OF BURIAL Sept 3 1926

20 UNDERTAKER Philip Herring — ADDRESS 2066 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13787

CERTIFICATE OF DEATH.

129 E 13787

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Colden Ford

(a) RESIDENCE NO. 625 E. Dallas St Balto Ward Ind

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Ford

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE — Years: 25 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fitting Steel

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Browne Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country): S. C

12 MAIDEN NAME OF MOTHER: Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): S. C

14 Informant: Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19.....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/30 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926, to Aug 30, 1926, that I last saw him alive on Aug 30, 1926, and that death occurred, on the date stated above, at 10-10 Am.

The CAUSE OF DEATH* was as follows:-

Chronic Nephritis

(duration) ...yrs. 7 mos. ...ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. Sherry, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Florence S. Carolina Date of Burial: Sept 2 1926

20 UNDERTAKER: Jos. T. H. Rochester ADDRESS: 1415 Jefferson St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13788

CERTIFICATE OF DEATH.

REGISTERED NO. E 13788

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Jail (Eng. 12 Room) St. Ward)

2-FULL NAME Wm F Kelly

(a) RESIDENCE NO. 447 Dechester Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan M. Kelly

6 DATE OF BIRTH (month, day, and year): Don't Know

7 AGE: Years: Don't Know and Guess; Months; Days; IF LESS than 1 day ....hrs. ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 30

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Wm Kelly

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Bardell

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Susan Kelly

(Address): 447 Dechester Ave

15 Filed ..... G. HAMPSON JONES, M. D. Registrar

Per K K

12 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1 — 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral

Sudden (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Conklin, M. D. (Coroner)

Sept 1, 1926 (Address) 1059 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Harford Rd Date of Burial: Sept 4 1926

20 UNDERTAKER: Edmund W Conklin ADDRESS: 942 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

James B. Laracy

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13789

CERTIFICATE OF DEATH.

129 E 13789

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Laracy

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work saddler

(b) General nature of industry, business, or establishment in which employed (or employer) 888

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) ?

14 Informant City Hospitals Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D.

Registrar

Per R C K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1917, to Aug. 30, 1926

that I last saw h~~im~~ alive on Aug. 30, 1926

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

nephritis - chronic

arteriosclerosis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY Bronchopneumonia

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted ?

If not at place of death?_____

Did an operation precede death? no Date of_____

Was there an autopsy?_____

What test confirmed diagnosis? general symptoms

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Commissioner of Health

SEP 4 - 1926

Spec.—1-10-21—M&T—1500 Bks.

E 13790 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13790

CERTIFICATE OF DEATH. 23

1-PLACE OF DEATH

REGISTERED NO. 163

CITY OF BALTIMORE: (No. West Baltimore General ST. or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll Poyston

(a) RESIDENCE NO. New Freedom, Penna. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 1917

7 AGE: Years 9 yrs. Months 3 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Lyman Poyston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant (Address) West Baltimore General Hospital

15 Filed 1926 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/28, 1926, to 9/2, 1926, that I last saw him alive on 9/2, 1926, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Acute encephalitis.

(duration) yrs. mos. 1 4 ds.

CONTRIBUTORY (Secondary) No

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis Clinical & Autopsy

(Signed) Chester L. Jensen M. D.

9/2, 1926 (Address) West Baltimore General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom Pa. DATE OF BURIAL: 9/7 1926.

20 UNDERTAKER: Hostetter Stonemaker ADDRESS: New Freedom Md.

Spec.—I-10-21—M&T—1500 Bks.

E 13791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13791

CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E Necker

(a) RESIDENCE NO. Shearer Ave ST., WARD

(Usual place of abode) Carney, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 26 1925.

7 AGE — Years: 1 — Months: 7 — Days: 7 6 — If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Carney, Maryland

PARENTS

10 NAME OF FATHER Edward G Necker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Blanche Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Edward Necker (mo) (Address): Carney Md

15 Filed 1926 C. KEMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926, to Sept 2, 1926, that I last saw h.i.m alive on Sept 2, 1926, and that death occurred, on the date stated above, at 2 35 P m.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Carney Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Lewis Olds Taylor, M. D.

, 19 (Address) Union Mem Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Sept. 5 1926

20 UNDERTAKER: Frank Lassahn & Sons — ADDRESS: Fulton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13792

E 13792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Annapolis Blv'd. near Pumphrey's A. A. Co. REGISTERED NO. 1883

City of BALTIMORE: (No. pronounced dead at South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Van Laak.

(a) RESIDENCE NO. Camp Meade Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	85	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sergeant. U. S. H. Q. Co.

(b) General nature of indnstry, business, or establishment in which employed (or employer): 1st truck Groupe.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant (Address): E. W. Fales. Major U. S. Army. Camp Meade. Md.

15 Date 1926 C. THOMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 September 1, 1926.

17 I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull. Collision between automobile which he was operating and another. Accidental death verdict by jury. Inquest by Coroner Harry E. Melvin. Pumphrey, Md.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Edward Leonhardt M. D. (Coroner)

9/2 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Camp Meade Md. Date of Burial: 9-3 1926

20 UNDERTAKER: Elwood D. Fisher ADDRESS: Laurel Md

Cor.—12-9-25—A Co.—200 Bks.

E 13793

HEALTH DEPARTMENT—CITY OF BALTIMORE

18-003

E 13793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 19-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hampton

(a) RESIDENCE NO. 1634 W. Balto. St St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Hampton

6 DATE OF BIRTH (month, day, and year) July 1/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Nelson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Helen Davis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Mrs. F. W. Paulus (sister)

(Address) 5003 Ferndale Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Intra abdominal hemorrhage

Automobile accident Aug 29/26

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Paulus, M. D.

(Coroner)

9/2/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial 9/3/1926

20 UNDERTAKER Joseph Adams ADDRESS 221 Bway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13794

CERTIFICATE OF DEATH. X 100-001

1-PLACE OF DEATH 4442 Leady Ave: Registered No.

City of BALTIMORE: (No. 4442 St., 27-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Slattery

(a) Residence No. 4442 Leady Ave: St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Slattery

6-DATE OF BIRTH (month, day and year) March 17, 870

7-AGE, 56 yrs. 5 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Penna Lines 8.1.03
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Texas

PARENTS.
10-NAME OF FATHER, William Slattery
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Catherine Purcell
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-(Informant) Mrs. M. Fay
(Address) 4442 Leady Ave

15-Filed 1926 C. HAMPSON JONES, M. D. Registrar.
Per AK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 2 1926

17- I HEREBY CERTIFY, That I attended deceased from August 30 26, 19 Sept 3 26, 19, that I last saw him alive on September 3, 19 26, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Hamon M. D.

19 (Address) 702 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Wilmington, Del DATE OF BURIAL, Sept 3, 1926

20-UNDERTAKER. W. M. Cook ADDRESS 503 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 13795 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 13795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S. Linwood ave ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine E. Bechtold

(a) RESIDENCE NO. 103 S. Linwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bechtold

6 DATE OF BIRTH (month, day, and year) Mch. 7-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Froehlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Lillian M. Krauss

(Address) 103 S. Linwood ave

15 Filed 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1924, to Sep 1, 1926, that I last saw h alive on Sep 1, 1926, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart found

(Signed) [illegible], M. D.

9/2, 19 (Address) 3015 Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Sep 5 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13796 E 13796

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 1112 Russell St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Gross

(a) Residence No. 1112 Russell St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Georgia Gross

6-DATE OF BIRTH (month, day and year): 12-3-1884

7-AGE: 41 yrs. 9 8 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Saml Gross

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Lucy Hill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14-

(Informant): Georgiana Gross

(Address): 1112 Russell St

15-

Filed 1926 By H. HANSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 31 1926

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to Aug 31, 1926

that I last saw h alive on 31st, 1926

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

Subacute Bacterial Endocarditis

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) yrs. 1 mos. 18 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. G. Crooks M. D.

, 19 (Address) 615 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Sept 3, 1926

20-UNDERTAKER: John H Toadvine — ADDRESS: 102-7 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

126
72

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13797

CERTIFICATE OF DEATH.

179

E 13797

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4157 Belair Road Ward 26-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Helen Brown

(a) Residence No.... 4157 Belair Road St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 2 ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced ~~Husband~~ (or) WIFE of Thomas W. Brown

6-DATE OF BIRTH (month, day and year) April 30th 1844

7-AGE, 82 yrs. 4 mos. 2 ds. If LESS than 1 d. ....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Gardenville Balto Co Md

PARENTS.

10-NAME OF FATHER, John S. Biddison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Gardenville Balto Co Md

12-MAIDEN NAME OF MOTHER, Mary Forrester

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Gardenville Balto Co Md

14- (Informant) Alphena W. Brown

(Address) 4157 Belair Road

15- Filed....., 192... C. HARPER JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 1st 1926

17- I HEREBY CERTIFY, That I attended deceased from April 3rd, 1926, to Sept 1st, 1926, that I last saw her alive on Sept 1st, 1926, and that death occurred, on the date stated above, at 3:40 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Brights)

.....

.....

.....(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age & Exhaustion

.....(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Sid

(Signed) D. A. Waldron M. D.

, 19 (Address) 210 East Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Biddisons Cemetery	September 4th 1926
20-UNDERTAKER,	**ADDRESS**
George Schilling & Sons	1126 E Monument St

Spec.—12-9-25—A Co.—200 Bks.

13798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓

E 13798

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 724 Puritan St) (Ward 43-11)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond J Williams

(a) RESIDENCE NO. 724 Puritan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 18, 1926.

7 AGE — Years: — Months: 5 Days: 15/16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): md.

(State or country)

PARENTS

10 NAME OF FATHER Raymond Williams

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Louise Evans

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant Raymond Williams

(Address) 724 Puritan St.

Filed SEP 3 1926 C. HAMPSON JONES, M. D.

Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 25 1926 to Sept 1926, that I last saw him alive on Sept 2 1926, and that death occurred, on the date stated above, at 1.15a m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) C. H. Didusheim, M. D.

, 19 (Address) 850 E 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden Date of Burial: Aug 4 1926

20 UNDERTAKER: Chenowet & Son ADDRESS 3417 Chestnut St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13799

CERTIFICATE OF DEATH.

74001 E 13799

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3224 Carlisle Ave. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Goldstrom

(a) RESIDENCE NO. 3224 Carlisle Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernhardt Goldstrom

6 DATE OF BIRTH (month, day, and year) Nov. 25th. 1857.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Helen ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Isidor Goldstrom

(Address) 3224 Carlisle Ave.

15 Filed ....., 19.. ..... Registrar

23-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Sept 1, 1926, that I last saw h[illegible] alive on Sept 1, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemmorhage

(duration) ....yrs. ....mos. 27 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) ....yrs. ....mos. ' ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Ted Levy, M. D.

Sept 2, 1926 (Address) 2040 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Hebrew Cemetery	Sept. 3, 1926

20 UNDERTAKER Harry Sondheim ADDRESS 18-20 N. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13800

CERTIFICATE OF DEATH.

90 E 13800

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N. Schroeder ST. 18-1 WARD)

2-FULL NAME Jacob M. Switzer

(a) RESIDENCE NO. 328 N. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Switzer

6b DATE OF BIRTH (month, day, and year): July 13, 1857

7 AGE — Years: 69 Months: 1 Days: 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer): 052

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jacob Switzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Eugene Switzer

(Address): 6358 Woodbine Ave

15 Filed 3 - 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 9 M. 1926, to Aug 31, 1926, that I last saw h[illegible] alive on Aug 31, 1926, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency &
Pulmonary Oedema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) few yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual,

(Signed) M. Bunnan Hood, M. D.

9/1 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Sept 3, 26

20 UNDERTAKER: Wm Wickner Sons ADDRESS: North Ave

Spec. 1-10-21 M&T 1500 Blks.

13801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13801

CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 531 S. Ann ST. 2-3 WARD)

2-FULL NAME Geraldine H. McLewee

(a) RESIDENCE NO. 531 S. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 16 - 1926

7 AGE Years Months 5 Days 16 2 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Robt. McLewee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nancy Ruth Sparks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robt. McLewee

(Address) 531 S. Ann St

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to 9-2, 1926.

that I last saw h alive on 9-1, 1926.

and that death occurred on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows: acute Abdominal Pain

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Synovial Sarcoma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred Cummins M. D.

(Address) 600 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem DATE OF BURIAL 9/3 1926

20 UNDERTAKER J. G. Moran ADDRESS 3 & E Balto

Rec.—1-12-23—M&T—500 Bks.

E 13802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 13802

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 215 N. Parrash St. ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Brigham Nee Mathews

(a) RESIDENCE NO. 215 N. Parrash. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs/? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Brigham

DATE OF BIRTH (month, day, and year) 1878 March ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3 5	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Took in washing

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West River Md.

10 NAME OF FATHER Samuel Trigg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nashville Tenn

12 MAIDEN NAME OF MOTHER Laura Boose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nashville Tenn.

Informant (Address) James E. Brigham 215 N. Parrash

Filed 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31- 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28th. 19 26, to Aug. 31tht 19 26,

that I last saw her alive on Aug. 31st. 1926

and that death occurred, on the date stated above, at 11;30p m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

Ch. Int. Nephritis

(duration) 1 yrs. ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 W. Franklin St/

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Sept 4th 26

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13803

CERTIFICATE OF DEATH.

44E 13803

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 19-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Chase

(a) RESIDENCE No. 220 N. Vincent Alley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work. 90

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jerrell Chase

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31 1926

17 I HEREBY CERTIFY, That I attended deceased from August 18, 1926, to August 31, 1926, that I last saw h-e alive on August, 1926, and that death occurred, on the date stated above, at 11.55 ? m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

..... (duration) ..... yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Cooper Lunt, M. D.

Sept 3 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem.	Sept 3rd 1926
20 UNDERTAKER A. Jones	ADDRESS 1115 Gilmor St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13804

E 13804

CERTIFICATE OF DEATH.

REGISTERED NO. 31 E 13804

1-PLACE OF DEATH

City of BALTIMORE: (No. 1435 E Lafayette ave St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elvira Janda

(a) RESIDENCE NO. 1438 E Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Janda

6 DATE OF BIRTH (month, day, and year): Oct 22 1904

7 AGE — Years: 21 — Months: 10 — Days: 10 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Antonio Kenna

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Sophie Lapis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Bohemia

14 Informant: Joseph Janda

(Address) 1438 E Lafayette ave

15 Filed C. [illegible] 1926 Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1. 1926 to Sept 2, 1926, that I last saw h[illegible] alive on Sept 2, 1926 and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rippard M.D.

Sept. 2 1926 (Address) 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — Date of Burial: Sept 5 1926

20 UNDERTAKER: Frank E Rack Son — ADDRESS: 1906 Orland ave

Spec.—1-10-21—M&T—1500 Bks.

E 13805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13805

CERTIFICATE OF DEATH.

REGISTERED NO. 161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 217 E Hoath ST. (WARD) 24-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs F. E. Sullivan

(a) RESIDENCE NO. 217 E Hoath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3 1926

7 AGE — Years | Months | Days | If LESS than 1 day, hrs or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Fred. E. Sullivan

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hazel Cummings

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant (Address) Fred E. Sullivan 217 E. Hoath

15 Filed SEP 3 - 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926 to Sept 3, 1926

that I last saw h[illegible] alive on Sept 2, 1926

and that death occurred, on the date stated above, at 3-15 Am.

The CAUSE OF DEATH* was as follows:

Abnormal Presentation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Premature

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. B. L. Campbell M. D.

Sept 3, 1926 (Address) 1744 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Sept 3 1926

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Light

Spec.—1-10-21—M&T—1500 Bks.

E 13806 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13806

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene E. Gronnon

(a) RESIDENCE NO. 3603 Clifton ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 21, —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police Judge. Unknown (duration) — yrs. — mos. — ds.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Unknown (Cumberland) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Mrs Hope Reynolds

(Address) Mt Hope Retreat.

Filed SEP 3 1926 C. HAMPSON JONES, M. D. Registrar

Per Stubbs

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1926

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to Sept 2, 1926, that I last saw h[illegible] alive on Aug 31, 1926, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis (Toxaemia)

CONTRIBUTORY (Secondary) Senile Deterioration Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Chemical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	9/4 1926

20 UNDERTAKER Henry W. Spears & Son ADDRESS 805 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

E 13807

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 13807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1017 N. Dallas St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Howard

(a) RESIDENCE NO. 1017 N. Dallas St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? 84 yrs. __ mos. __ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced
HUSBAND of (the late)
(or) WIFE of Wm W. Howard

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 dny.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Athome

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Mr. Cava

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Miss Donald

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Mollie Hoffman

(Address) 1017 N. Dallas St

15 Filed _____ 19__ C. H. THOMPSON JONES, M. D. Registrar

1926 By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Sept 2/20

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Britton M. D.
(Coroner)

9/3-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death __ yrs. __ mos. __ ds. In the State __ yrs. __ mos. __ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Sept. 4 1926

20 UNDERTAKER Henry Horch Son ADDRESS 120 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 13808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13808

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2661 Lehman ST. (WARD) 20-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena H. Schmelyun

(a) RESIDENCE NO. 2661 Lehman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Schmelyun

6 DATE OF BIRTH (month, day, and year) April 27, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John C. Brunner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Seboda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hilda M. Rink

(Address) 1742 W. North Ave.

15 Filed Sept 2 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to Aug 31, 1926, that I last saw her alive on Aug 31, 1926, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Tabules Mont Dame.

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Uremia

(Signed) Raymond S. Adams M. D.

Sept 1, 1926 (Address) Parkland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Sept 4 1926

UNDERTAKER Harry H. Weitzel ADDRESS 1531 W. Lombard St

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13809 — CERTIFICATE OF DEATH. — LE 13809

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 51) Caton Ave ST. 20-2 WARD)

2-FULL NAME Felix J. Simpman

(a) RESIDENCE NO. 51 Caton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Simpman

DATE OF BIRTH (month, day, and year) Sept 21 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	11/0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brass Finish

(b) General nature of industry, business, or establishment in which employed (or employer): Worker 180

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Michael Simpman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Mary Simpman

(Address): 410 Eastern Ave

Filed 1926 C. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Sept 2, 1926

that I last saw h[illegible] alive on Sept 1, 1926

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) W. C. Keel M. D.

9/2, 1926 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 9/4 26

20 UNDERTAKER: George A Fahy — ADDRESS: Baltimore & Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 13810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13810

CERTIFICATE OF DEATH.

113

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Bayer and Dukeland ST., 19 31 WARD)

2-FULL NAME Roosevelt Winfield

(a) RESIDENCE NO. 218 N. Stricker ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1926

7 AGE — Years — Months 2 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Winfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Josephine Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Winfield
(Address) 218 N. Stricker St.

15 Filed 1926 Per . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/1 1926

17. I HEREBY CERTIFY, That I attended deceased from 9/1 . 1926 to 9/1 . 1926.

that I last saw her alive on 9/1 . 1926.

and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Abdominitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

. 19 (Address) W. B. & H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Petersburg, Va

DATE OF BURIAL Sept 5 1926

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 13811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13811

CERTIFICATE OF DEATH.

101-91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Schroeder ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jannie Elizabeth Powell

(a) RESIDENCE No. 228 N. Shroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced (or) WIFE of James Powell

6 DATE OF BIRTH (month, day, and year) Sept 30/1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md (State or country)

PARENTS

10 NAME OF FATHER Asa Green

11 BIRTHPLACE OF FATHER (city or town) Miss. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mark Powell (Son)

(Address) 906 N. Carey st

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per ACA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1926, to Sept 1, 1926

that I last saw her alive on Sept 1, 1926

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. P. Schuchman, M. D.

, 19 (Address) 825 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Sept 5, 1926

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 13812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13812

CERTIFICATE OF DEATH.

51

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST. 27-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet E. Smith -

(a) RESIDENCE NO. 601 Woodbourne ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry T. Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Bessie V. Barnes

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mrs, Bessie V. Smith
(Address) 601 Woodbourne Avenue

15 Filed 1926 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/21, 1926, to 9/3, 1926, that I last saw h[illegible] alive on 9/3, 1926, and that death occurred, on the date stated above, at 6 30 P.m.

The CAUSE OF DEATH* was as follows:

Rheumatic cardio vascular disease.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Edema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9/1 for removal of Tumor from Pineal Gland

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas Adams Mayo, M. D.

, 19 (Address) 714 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery, Govans	Sept. 6 '26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 Mass Ave

Spec.—1-10-21—M&T—1500 Bks.

7 ✓

E 13813

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 13813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emelia Carico

(a) RESIDENCE NO. Darlington, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carico

6 DATE OF BIRTH (month, day, and year) 2-18-53

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	6	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Grason Co, (State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Shuler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hannah Brooson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Emelia Carico (Address) Darlington Md

15 Filed - 1926 C. HAMPSON JONES, M. D. Per ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 - 3 - 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-10-26 to 9-3-26, that I last saw her alive on 9-3-26, and that death occurred, on the date stated above, at 1.30 Pm.

The CAUSE OF DEATH* was as follows: Fracture neck of femur

(duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical — X-Ray

What test confirmed diagnosis?

(Signed) C. C. Zimmerman, M. D.

. 19 (Address) Md. State Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smith Chapel Cem Harford Co

DATE OF BURIAL 9-3 1926

20 UNDERTAKER Herbert S. Bailey

ADDRESS Darlington Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13814 — E 13814

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Edmondson St. 14-1 WARD)

2-FULL NAME Violetta Hall

(a) RESIDENCE NO. 1327 Edmonson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas F. Hall.

6 DATE OF BIRTH (month, day, and year): Dec 24, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John M Duval.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca A Toynod

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Tyler Hall. 1327 Edmondson Ave

15 Filed 1926 — C. HAMPSON JONES, M. D. Registrar — Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Sept 12, 1926, that I last saw h[illegible] alive on Sept 2, 1926, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of Sternum (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) John A Evans, M. D.

, 19 (Address) 612 N 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stephens, Millersville Co Md

DATE OF BURIAL: Sept 4 1926

20 UNDERTAKER: H. Cook

ADDRESS: 733 E North Ave

...ec.—1-12-23—M&T—500 Bks.

Thomas Ballew

E 13815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13815

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hos. St. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ballew, Thomas.

(a) RESIDENCE No. 1501 Riverside ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Ballew

DATE OF BIRTH (month, day, and year) Oct 14-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER James L. Ballew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliz Chrisman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mrs. Ballew

(Address) 1501 Brussels

Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 For ARH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1926

17

I HEREBY CERTIFY, That I attended deceased from 8-25, 1926, to 9-2, 1926

that I last saw h/ M alive on 9-1-26,

and that death occurred, on the date stated above, at 6 50 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Cerebral hemorrhage

(duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) 0 yrs. 0 mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NS Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Francis A. Ellis M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet.

DATE OF BURIAL 9/6 1926

20 UNDERTAKER J. Fran McCurdy

ADDRESS 130 E. Fort

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13816 160 E 13816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 Light (ST.) (WARD) 24-2

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Frank C. Smith

(a) RESIDENCE NO. 1709 Lights ST., 24 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3 1926

7 AGE — Years | Months | Days | If LESS than 1 day 4 hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Frank C. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER Mary C Hawse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Mary C. Smith
(Address) 1709 Lights St

15 Filed ..... 19 ..... Registrar
1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926 to Sept 3, 1926
that I last saw h~~e~~r alive on Sept 3, 1926
and that death occurred, on the date stated above, at 11-45 A.m.

The CAUSE OF DEATH* was as follows:

Twin
Congenital Debility
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Ephacutan
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Gynaecology

(Signed) L. E. Campbell M. D.
Sept 3, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk bm — DATE OF BURIAL 9/4 1926

20 UNDERTAKER: L. Fred McCully — ADDRESS 130 E Fort

C. EMPSON Journ. M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13817 E 13817

CERTIFICATE OF DEATH

135

1-PLACE OF DEATH. St. Josephs Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 13 WARD)

2-FULL NAME John Karl

(a) RESIDENCE NO. 720 S. Eutaw ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Karl.

6 DATE OF BIRTH (month, day, and year) May 26-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Karl.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna M. Karl.

(Address) 720 S. Eutaw Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/27, 1926, to 9/1, 1926

that I last saw him alive on 9/1, 1926

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hyper-Trophy.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Meanall, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery DATE OF BURIAL Sept. 4th 1926

20 UNDERTAKER Lilly & Zeiser ADDRESS 4038 Wolfe St

pec.—1-12-23—M&T—500 Blks.

E 13818 HEALTH DEPARTMENT—CITY OF BALTIMORE

179 E 13818

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 McCulloh St. ST., 11-1 WARD)

2-FULL NAME Elizabeth Young.

(a) RESIDENCE NO. 1219 McCulloh St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Charles Young

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Josiah Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Bertha Jackson

(Address) 1219 McCulloh St

Filed ....., 19 .....

Ref. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2 19 26

17

I HEREBY CERTIFY, That I attended deceased from 7/26, 19.., to 9/2, 19 26,

that I last saw h.. alive on 9/2, 19 26

and that death occurred, on the date stated above, at 12 m

The CAUSE OF DEATH* was as follows:

a. Nephritis

b. Uraemia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Burkheitz, M. D.

9/3, 19 26 (Address) 2149 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 5 1926
20 UNDERTAKER	ADDRESS
Eugenia A. Brooks	1463 W Lafayette Ave

Spec.—1-10-21 M&T 1500 Bks.

13819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13819

CERTIFICATE OF DEATH. x45

1-PLACE OF DEATH Hahnemann Kelly Hospital. REGISTERED NO.....

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Redfearn.

(a) RESIDENCE NO. Chesterfield S. Car. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 days How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Chesterfield
(State or country) S. C.

PARENTS

10 NAME OF FATHER David E. Redfearn

11 BIRTHPLACE OF FATHER (city or town) Hamlet
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Benda E. Avery

13 BIRTHPLACE OF MOTHER (city or town) Chesterfield
(State or country) S. C.

14 Informant David E. Redfearn
(Address) Chesterfield S. C.

15 Sept 4 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926, to Sept 4, 1926, that I last saw h[illegible] alive on Sept 4, 1926, and that death occurred, on the date stated above, at 5 a-m m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma Mediastinal & retroperitoneal glands.

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Same

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of .....

Was there an autopsy? Biopsy yes.

What test confirmed diagnosis? Pathological

(Signed) [illegible] M. D.

Sept 4. 1926 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chesterfield S. C. DATE OF BURIAL Sept 4 1926

20 UNDERTAKER Chas. G. Black ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 13820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 45

E 13820

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hospital ST. 11-W (WARD)

2-FULL NAME Wolfe Feinberg

(a) RESIDENCE NO. Thomasville, Georgia ST. ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Garber

6 DATE OF BIRTH (month, day, and year) 8-16-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Business

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Feinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Wolfe Feinberg (Address) Thomasville, Ga.

15 - 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4-26

17

I HEREBY CERTIFY, That I attended deceased from 7-27, 1926, to 9-4, 1926, that I last saw him alive on 9-4, 1926, and that death occurred, on the date stated above, at 7.15 A.m.

The CAUSE OF DEATH* was as follows:

Malignancy Retro peritoneal lymph glands.

CONTRIBUTORY (Secondary) (duration) 2 yrs. mos ds. Secondary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2.

Did an operation precede death? Yes Date of 9-2-26

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Thomasville Ga DATE OF BURIAL 9/5 1926

20 UNDERTAKER Jack Levis ADDRESS 1439 E Balt

Spec.—12-9-25—A Co.—200 Blks.

E 13821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 E 13821

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Ten Hills. 515 Old Orchard Road St. 28-5 Ward)

2-FULL NAME Elizabeth L. Winter

(a) RESIDENCE NO. 515 Old Orchard Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A. Winter.

6 DATE OF BIRTH (month, day, and year) July 31st. 1854

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
72	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Frank A. Winter.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Daley.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant James W. Toohey.

(Address) 515 Old Orchard Road.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per acts.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 3rd. 1926.

17

I HEREBY CERTIFY, That I attended deceased from August 23 1926, to Sept 3 1926,

that I last saw h.. alive on Sept 2 1926,

and that death occurred, on the date stated above, at 9.20a m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

9/4, 1926 (Address) 105 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial 9/6 1926.

20 UNDERTAKER Chas. R. Traub & Son ADDRESS 1118 W. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13822

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 GUILFORD AVE. ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W. OSCAR SHIPLEY

(a) RESIDENCE NO. 2412 GUILFORD AVE. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of MARY O. SHIPLEY

6 DATE OF BIRTH (Month) FEB. (day) 24 (yr) 1845.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	10	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work FARMER-RETIRED

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MARYLAND

PARENTS

10 NAME OF FATHER JOSHUA H. SHIPLEY.

11 BIRTHPLACE OF FATHER (city or town) (State or country) MARYLAND

12 MAIDEN NAME OF MOTHER MARY A. ROBINSON

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MARYLAND

14

Informant O. CARROLL SHIPLEY

(Address) 2412 GUILFORD AVE.

15

Filed [illegible] 19 [illegible] Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and yr) SEPT. 3rd 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1926, to Sept 3rd, 1926, that I last saw him alive on Sept 2nd, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tumor of brain Cerebral Sclerosis

Tumor result of fall on head

Several years ago (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fall from tree

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fall in Howard Co 3rd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical only

(Signed) H A Hill M. D.

19 (Address) 3711 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT. VIEW CEM. HOWARD CO., MD.

DATE OF BURIAL: SEPT. 5th 26

20 UNDERTAKER: EASTON SONS Easton Sons.

ADDRESS: ELLICOTT CITY

Cor.—12-9-25—A Co.—200 Bks.

E 13823

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

182 E 13823

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

City of BALTIMORE: (No. Foot of Covington St & Key Highway. Ward) 22-2

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 50		-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed _____ 1926 C. THAMPSON JONES, M. D. Registrar

Per RPB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found floating August 28, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning. probably accidental.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

9/8, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY Date of Burial SEP 6 1926

20 UNDERTAKER ADDRESS

Commissioner of Health

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13824 129 E 13824

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 40 S. Bond St. B-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah L. Martin

(a) RESIDENCE NO. 41 S. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced of (or) WIFE of Chas. Martin

6 DATE OF BIRTH (month, day and year) Oct. 31st 1841

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Washington

(State or country) D. C.

PARENTS

10 NAME OF FATHER Jimmy Shultz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Hedwiga Hermold

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Harry C. Martin

(Address) Methodist Burial Co

Filed 19 C. EMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3rd 19 26

17 I HEREBY CERTIFY, That I attended deceased from ..., 1924, to Sept. 2, 1926,

that I last saw h.. alive on Sept. 2, 1926,

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) ...yrs. ...mos. 3 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Fred. A. Ries, M. D.

, 19 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Greenmount Cemetery	9/6 19 26
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son - 1938 E. Lafayette Ave	

Spec.—1-10-21—M&T—1500 Bks.

13825

HEALTH DEPARTMENT—CITY OF BALTIMORE

13825

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (ST.) No-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Fennell

(a) RESIDENCE No. Spring View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) 088

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy -

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospitals (Address) Records

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1926 to Sept. 1, 1926.

that I last saw him alive on Sept. 1, 1926

and that death occurred, on the date stated above, at 10:15 p m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia - Chronic Interstitial Nephritis.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

Syph. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? Yes Date of Aug 31, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M. Blumrosen, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 9/4 1926

20 UNDERTAKER J J Fahey Sons — ADDRESS 1218 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13826 | 18-093 | E 13826

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 19-1 Ward)

2-FULL NAME Constance Tashenick

(a) RESIDENCE NO. 331 N Calhoun St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Tashenick

6 DATE OF BIRTH (month, day, and year): Oct 10 1895

7 AGE: Years 30 | Months 2 10 | Days 20 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town): Lithuania

(State or country)

PARENTS

10 NAME OF FATHER: Antony Sabalauskas

11 BIRTHPLACE OF FATHER (city or town): Lithuania

(State or country)

12 MAIDEN NAME OF MOTHER: M Mackevicka

13 BIRTHPLACE OF MOTHER (city or town): Lithuania

(State or country)

14 Informant: Mary Valalka

(Address): 14 So Wallace

15 Filed _____, 19____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/2 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Instantaneous accident
valley & pneumothorax

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Hemorrhage & Bleeding Internal

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Samuel Blaker M. D.
(Coroner)

, 192 6 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer | Date of Burial: Sept. 6 1926

20 UNDERTAKER: John Grebliunas | ADDRESS: 4233 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13827

CERTIFICATE OF DEATH.

90 E 13827

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Luzerne Ave ST., 7-3 WARD)

2-FULL NAME Julia C. Horn

(a) RESIDENCE NO. 611 N. Luzerne Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Late George Horn

6 DATE OF BIRTH (month, day, and year) Aug 26/1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Pulster

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Barbara Zeisler

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Catherine Bitter

(Address) 611 N Luzerne Ave

15 Filed P5 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Sept 3, 1926, that I last saw h[illegible] alive on Sept 3, 1926, and that death occurred, on the date stated above, at 6 10 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Levert M. D.

(Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Sept 7 1926

UNDERTAKER Geo E Miller & Son — ADDRESS 2334 Eastern Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13828

CERTIFICATE OF DEATH.

196 E 13828

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Mt. Gen. Hospital ST., 26-7 WARD)

2-FULL NAME Koon Koshl. (Konon Koshel

(a) RESIDENCE No Graceland Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1 1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Copper man
(b) General nature of industry, business, or establishment in which employed (or employer) helper at
(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER Kenkonan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Kenkonan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

PARENTS

14 Informant Mike Kozak
(Address) Graceland Park

15 Filed 9 3 1926 C. HAMPSON JONES, M. D. Registrar
per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd. degree burns of body (accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D. (Coroner.)

9/3/ 192 4 (Address) 2 Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Russia Rd. Stony Run and Sept. 192 6

20 UNDERTAKER — ADDRESS

George A. Weber 2205 Bank St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13829

CERTIFICATE OF DEATH.

129 ✓ E 13829

REGISTERED NO.

1-PLACE OF DEATH: Mercy Hospital

City of BALTIMORE: (No. Eutaw & W. St. 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: John Fahey

(a) RESIDENCE NO. 204 Sly Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal-

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 4th. 1906.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Finisher

(b) General nature of industry, business, or establishment in which employed (or employer): Hat

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland.

PARENTS

10 NAME OF FATHER: Michael Fahey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Michael Fahey

(Address): 204 Sly Ave.

15 Filed 5-1926 19 H. HARRISON JONES, M. D. Registrar

By K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to Sept. 4, 1926, that I last saw him alive on Sept 3rd, 1926, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. Plassmeyer, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Sept 6th 1926

20 UNDERTAKER: Wm. Canoles ADDRESS: 1004 Aliceanna st

31

Spec.—12-9-25—A Co.—200 Bks.

1926 42 13830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 84 E 13830

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma Hopkins

(a) RESIDENCE NO. 729 Penn. Ave St. Ward Norfolk - Va

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Drew Hopkins

11 BIRTHPLACE OF FATHER (city or town) Del

(State or country)

12 MAIDEN NAME OF MOTHER Norma Brock

13 BIRTHPLACE OF MOTHER (city or town) Del

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 2nd, 1926, to Sept. 4th, 1926, that I last saw her alive on Sept. 4th, 1926, and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) life yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Sept. 4th.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — Date of Burial 9/5/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 721 Bway

Spec.—12-9-25—A Co.—200 Bks.

1962 39
E 13831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 1-001

E 13831

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Emerson Martin

(a) RESIDENCE NO. Blue Sulphur Springs Ward W. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) W Va

PARENTS

10 NAME OF FATHER J. A. Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va

12 MAIDEN NAME OF MOTHER S. A. Martin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL, M. D.

15 Filed 5-7-1926 16 C. HAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 Sept 6, 1926

I HEREBY CERTIFY, That I attended deceased from Sept 1, 19 26, to Sept 5, 19 26, that I last saw h[illegible] alive on Sept 5, 19 26 and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Blue Sulphur Springs W Va

Did an operation precede death? Yes Date of Sept 2

Was there an autopsy? Yes

What test confirmed diagnosis? Typhoid Culture

(Signed) E. Emerson Martin, M. D.

, 19 (Address) Blue Sulphur Springs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alderson W Va — Date of Burial 9/5/1926

20 UNDERTAKER Joseph Adrens — ADDRESS 221 Busy

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13832

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 13832

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leri Monroe

(a) RESIDENCE NO. 115 Aisquith St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amml Monroe

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	88	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hebrew Home

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Harry Monroe

(Address) 2200 W. North Ave

15 Filed 1926 C. HAMPSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4-26

17 I HEREBY CERTIFY, That I attended deceased from Aug 28 26, to Sep 4, 26, that I last saw h.. alive on Sep. 4, 26, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. Clinical

What test confirmed diagnosis?

(Signed) M. J. Barkin, M. D.

9/4, 1926 (Address) 210 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Hebrew Int Carmel	9/5/26
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E. Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13833

CERTIFICATE OF DEATH.

74-001

E 13833

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 N. Wolf St 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Glosser

(a) RESIDENCE NO. 7 N Wolf St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 30 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Glosser

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 65 | Months — | Days — | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Sexton

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Russia

PARENTS

10 NAME OF FATHER: Simon Glosser

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Untown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Russia

14 Informant: Sarah Glosser

(Address): 7 N Wolf St

15 Filed _____, 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

9 — 4 — 26

17

I HEREBY CERTIFY, That I attended deceased from March, 1926, to Sept 4, 1926, that I last saw him alive on Sept 4, 1926, and that death occurred, on the date stated above, at 5 — P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 8 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Bronchs. pneumonia

(duration) ___ yrs. ___ mos. 4 ds.

18 Where was disease contracted if not at place of death? Balt

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) David Cohen, M. D.

9/4, 1926 (Address) 223 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodeph Sholom Date of Burial 9/5 19 26

20 UNDERTAKER: Jack Levis ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

E 13834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13834

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 32 WARD)

2-FULL NAME Fannie Shantz

(a) RESIDENCE NO. 101 S Spring St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Shantz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Kletzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1132 E Baltimore St

Filed 9-5-1926 HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 8 , 1926 , to Sept 4 , 1926 .

that I last saw her alive on Sept 4 , 1926 ,

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Hypertension Chronic (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr Louise Linde M. D.

9/4 1926 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown Road — DATE OF BURIAL 9/5 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1132 E Baltimore St

Spec.—12-9-25—A Co.—200 Blks.

E 13835

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-001 E 13835

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2909 Cedar Ave St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME B.Clen Martin

(a) RESIDENCE NO. 2909 Cedar Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella M. Martin

6 DATE OF BIRTH (month, day, and year) March 17 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER Lovelace Martin

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Jones

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md.

14 Informant Mrs Ella Martin

(Address) 2909 Cedar Ave

15 Filed Sept 7 1926 19____

Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Sept 4th, 1926, that I last saw him alive on Sept 4th, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Hemiplegia

(duration) ____ yrs. ____ mos. 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Hypostasis

(duration) ____ yrs. ____ mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R.B. Norment, M. D.

9.5, 1926 (Address) 3343 Charlest Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove Cemetery — Date of Burial: Sept 7th

20 UNDERTAKER: E.LROY S. TIFFLER — ADDRESS: 125 E. North Ave.

TIFFLER

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13836 × 87 ✓ E 13836

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1128 Warner St. St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Juhn Jenkins.(C)

(a) RESIDENCE NO. 1128 Warner St. St._____ Ward_____ South Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. 2 mos. __ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, HUSBAND of Bessie Jenkins.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) South Carolina.

PARENTS

10 NAME OF FATHER Paul Jenkins.(C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Julia Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) South Carolina

14 Informant Josephine Manning.(C) sister.

(Address) 1128 Warner St.

15 Filed 19 C. HAMPSON JONES, M. D.

SEP 5 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 2, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic adhesive Pericarditis.
Acute Myocardial Insufficiency.
Oedema and congestion of the Lungs.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto U. Steinhardt M. D.
(Coroner)

9/3, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Congaree S. C. Date of Burial Sept 5, 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave.

Spec.—12-9-25—A Co.—200 Bks.

Dr Sungenard, 1613 E Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13837

CERTIFICATE OF DEATH.

74-001 E 13837

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1209 N Broadway St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E Cullum

(a) RESIDENCE NO. 1209 N Broadway St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Cullum

6 DATE OF BIRTH (month, day, and year): Aug 2, 1857

7 AGE — Years: 69 — Months: 1 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country): Md.

PARENTS

10 NAME OF FATHER: William Preston

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia Norris

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Md.

14 Informant: A W Cullum

(Address): 1209 N. Broadway

15 Filed_____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1926, to Sept. 3, 1926, that I last saw h. alive on Sept. 3, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

1 Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) A. Chas Singenard M. D.

9/3/1926 (Address) 1613 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — Date of Burial: Sept 6 1926

20 UNDERTAKER: H. M. Cook — ADDRESS: 532 E Monument

SEP 6 1926 C. EMERSON JONES

Spec.—12-9-25—A Co.—200 Bks.

Dr Heller, 1937 Gough St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13838

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 13838

1-PLACE OF DEATH

City of BALTIMORE: (No. 337 S. Caroline St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis C Bernhard

(a) RESIDENCE NO. 337 S. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johnson

6 DATE OF BIRTH (month, day, and year) Feb 3. 1850

7 AGE Years 76 Months 4 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United R. Ry

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Bernhard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Schultz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Victor Saro

(Address) 337 S. Caroline St

15 Filed SEP 5 - 1926 THOMPSON JONES, M. D. Registrar

RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30 1926 to Sept 3, 1926

that I last saw h alive on Aug 30, 1926

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows: Chronic nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. Heller, M. D.

9.4. 1926 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Date of Burial Sept 6 1926

20 UNDERTAKER W. C. Cook ADDRESS 502 E. Monument

E 13839 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 13839

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 407 N. Bway Ward 6-1)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Knight

(Residence in Baltimore: No. 407 N. B'way St.; Yrs. Lfs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug 17th, 1859 (Month) (Day) (Year)

7 AGE: 65 yrs. mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Jas. E. Knight

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellen Sleister

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. E. Knight
(Address) 407 N. B'way

15.
Filed 1926 C. HAMPSON JONES, M. D. REGISTRAR
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 3rd, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926 to Sept 3 1926
that I saw h[er] alive on Sept 3, 1926
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Leg Ulcer. Infected

(Duration) 2 yrs. mos. ds.

(Signed) Standish McIlhenny M. D.
Sept 4, 1926 (Address) 1609 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: 9/6, 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

E 13840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Roland Pk 90 ✓

E 13840

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 Edgevale Rd. (Street) 27-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Ann Stell

(a) RESIDENCE NO. 503 Edgevale Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Justus H. Stell

6 DATE OF BIRTH (month, day, and year): May 17 1849

7 AGE — Years: 77 | Months: 3 | Days: 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Nottingham

(State or country) England

PARENTS

10 NAME OF FATHER: John Wilson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) England

12 MAIDEN NAME OF MOTHER: Eliza Porter

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) England

14 Informant: Rev. Walter B. Stell

(Address) Hagerstown, Md.

15 Filed ....., 19.... Per ..... Registrar

G. HAMPSON JONES, M. D.

P5 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Several years, to Sept. 2, 1926 that I last saw h.. alive on Sept. 2, 1926 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease, (mitral) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Several years (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted (If not at place of death)

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry M. Bayley, M. D.

Sept 5 1926 (Address) 2605 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial Sept 6 1926

20 UNDERTAKER: Wm. Fickes Sons ADDRESS North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13841

CERTIFICATE OF DEATH.

E 13841

REGISTERED NO. 188 1003

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Pl. St., 8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma C Lacey

(a) RESIDENCE NO. 1608 E Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: S

6 DATE OF BIRTH (month, day, and year): Dec. 14 1908 9/3/26

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	17	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur 023

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER Wm. A. Lacey

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Cooney

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Mrs. Mary J. Lacey

(Address) 1608 E. Hoffman St.

C. HAMPSON JONES, M. D.

15 Filed ..... 19 .....

1926 Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile accident
Head Blood Lungs and
Brain collided with

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fractured Femur

(duration) ....yrs. ....mos. ....ds.

(Signed) Edward L Fischer M. D.
(Coroner)

9/4/1926 Address 3325 Potter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Sept 6 1926

20 UNDERTAKER: Thomas Ford Jr. ADDRESS: 1331 E. Eager St

Spec.—1-10-21 M&T 1500 Blks.

E 13842 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90 E 13842

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 224 N. Chapel ST. 6 WARD)

2-FULL NAME Mary A. Koelbel

(a) RESIDENCE NO. 224 N. Chapel ST., 6 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Nov 19 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
64	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 057

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Simon Dumbrof

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gemany

12 MAIDEN NAME OF MOTHER Margrett Dumbrof

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gemany

14 Informant Margrett King
(Address) 224 N Chapel

15 Filed ..... 19 .....
C. HARRISON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Sept 2, 1926, that I last saw h[illegible] alive on Aug 31, 1926, and that death occurred, on the date stated above, at 11:40 a. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Hepatitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

9-4, 1926 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sep 6 1926

20 UNDERTAKER Wendell Dippel Son — ADDRESS 378 Mmm

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13843

CERTIFICATE OF DEATH.

31 E 13843

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 S. Ellwood Ave. St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Pytel

(a) Residence No. 1103 S. Ellwood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) widowed

5a-If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or) WIFE of Mary S Shymanska

6-DATE OF BIRTH (month, day and year) May 29 1851

7-AGE, 75 yrs. 3 mos. 14/13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Kgdale Canning

(c) Name of employer. None in Recent years.

9-BIRTHPLACE (city or town) not known

(State or Country) Austria Poland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (city or town) Not From

(State or Country) Poland

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (city or town) not known

(State or Country) Poland

14- (Informant) Florence Harriott

(Address) 1103 S. Ellwood Ave.

15- Filed SEP 5 - 1926 HARRISON JONES, M. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 3, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926 to Sept 3, 1926

that I last saw h— alive on Sept 3, 1926

and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) asphyxia [illegible]

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D

9/4, 1926 (Address) 1014 S. Ellwood Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross

DATE OF BURIAL. Sept. 6, 1926

20-UNDERTAKER. Wendell Riffle for

ADDRESS 37 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13844

CERTIFICATE OF DEATH.

26-001

E 13844

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miller H Woodford

(a) RESIDENCE NO. Cambridge Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer) Mfg. Lumber

(c) Name of employer and Sale ottoo

9 BIRTHPLACE (city or town) Cambridge

(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. Woodford

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Cambridge, Maryland

12 MAIDEN NAME OF MOTHER Eva Stanwell

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Cambridge Md

14 Informant JOHNS HOPKINS HOSPITAL

(Address)

15 Filed Sept 7, 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 5, 1926, that I last saw h... alive on 12:30 a.m. Sept 5, 1926 and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Otitis Media bilateral
Mastoiditis ut.
Meningitis - pneumococcic

(duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Sept 2-26

Was there an autopsy? No Mastoid

What test confirmed diagnosis? Symptoms & Operation

(Signed) Warfield M Theobald, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md — Date of Burial Sept 7 1926

20 UNDERTAKER Frank E. Albaugh — ADDRESS Cambridge Md

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13845

CERTIFICATE OF DEATH.

117 ✓

E 13845

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3913 Fernwood Ave St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Elizabeth Becker.

(a) RESIDENCE NO. 3913 Fernwood Ave St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1-1909

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	1	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Becker.

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Riefer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant Frances Becker (Mother)

(Address) 3913 Fernwood ave.

15 Filed 9-9 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/18/26, 19..., to 9/2/26, 19..., that I last saw her alive on 9/2, 19 26 and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis
Typhoid fever
Peritonitis

(duration) ...yrs. 2 mos. —ds.

CONTRIBUTORY Exhaustion
(Secondary)

(duration) ...yrs. ...mos. 6 ds.

18 Where was disease contracted? 2

If not at place of death? —

Did an operation precede death? yes Date of 7/13/26

Was there an autopsy? no

What test confirmed diagnosis? Surgical

(Signed) J. H. McGarrell, M. D.

19 (Address) 633 - 5 - 26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Sept. 6th 1926

20 UNDERTAKER Tilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13846

CERTIFICATE OF DEATH.

72 E 13846

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2734 Harford ave ST., 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Schmidt

(a) RESIDENCE NO. 2734 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mr

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie K W Schmidt

6 DATE OF BIRTH (month, day, and year): Dec 11 64

7 AGE: Years 71 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ret

(b) General nature of industry, business, or establishment in which employed (or employer): ood

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Konn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1926, to Sept 3d, 1926, that I last saw him alive on Sept 2d, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia.

(duration) 36 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) L L Leody M. D.

9-3, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant: Annie K W Schmidt (Address) 2734 Harford

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept 6 1926

15 Filed Sept 3 1926 C. HAMPSON JONES, M. D. Registrar

20 UNDERTAKER: J A Doran

ADDRESS 300 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 13847 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13847

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 McElderry ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Kelly

(a) RESIDENCE NO. 1622 McElderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kelly

6 DATE OF BIRTH (month, day, and year) 8-8-1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Livery Stable worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Weston, Mrs. Dairy 624

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Kelly - wife

(Address) 1622 McElderry

15 Filed 1926 19 H. M. SIMMONS, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1926 to Sept 2 1926.

that I last saw him alive on Sept 1 1926

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Brights Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Albumus Urine - Trop

(Signed) W Clyde Simmons M. D.

9-2 1926 (Address) 204 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Sept 5 1926

20 UNDERTAKER Milton R. Arbis

ADDRESS 314 N. Eden St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

195-148 E 13848

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

38 E 13848

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPIT St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Matthews

(a) RESIDENCE NO. 826 S. Chas - St. Balto Ward Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 1926

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	2 mos	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Richard Matthews

11 BIRTHPLACE OF FATHER (city or town)

(State or country) West Va -

12 MAIDEN NAME OF MOTHER Anna Pate

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) West Va -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 5 1926 by C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-7 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Sept-7, 1926, that I last saw him alive on Sept-7, 1926 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Congenital lues

(duration) yrs. 2m mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Wassermann +

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cent — Date of Burial: Sept 6 1926

20 UNDERTAKER: Joe Goodwin Son — ADDRESS: 217 S Paca

Spec.—12-9-25—A Co.—200 Bks.

195138
E 13849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49 E 13849

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bowers

(a) RESIDENCE NO. Near Freedom St. Pa Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa

(State or country)

PARENTS

10 NAME OF FATHER Fred Bowers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 5 1926 G. EAMPSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Sept 4, 1926, that I last saw him alive on Sept 4, 1926, and that death occurred, on the date stated above, at 12-35 P.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 4

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) George E. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa. Date of Burial 9/7 1926

20 UNDERTAKER J. Horneman Hartenstein ADDRESS Md Line

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 13850

119

CERTIFICATE OF DEATH.

REGISTERED No. E 13850

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh Brennan

(a) RESIDENCE No. 1571 E. Madison St. St. ____ Ward P

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Brannan

6 DATE OF BIRTH (month, day, and year) Oct. 23 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER Michael Brannan

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Mary McHenry

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country)

14 Informant Ada Brannan

(Address) 1571 E Madison St

Filed 5-1926, 19 ____ THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from August 19th, 1926, to Sept. 2nd, 1926, that I last saw h[illegible] alive on Sept. 2, 1926, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (Secondary) Pectal Abscess

(duration) 0 yrs. 1 mos. 14 ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Mahoney, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cem Date of Burial 9/6 1926

20 UNDERTAKER J. H. Bailey Sons ADDRESS 1318 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002 ✓

E 13851

E 13851

REGISTERED NO.

PLACE OF DEATH

CITY of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Waters

(a) RESIDENCE NO. 145-2 Wisconsin St. Balto. Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [redacted] 1924

7 AGE: Years 2 Months — Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER Hants Waters

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER Eliz. Grimme

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 6 1926 GJ HAMPSON JONES, M. D. Registrar

Per H.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1926, to Sept 4, 1926, that I last saw him alive on Sept 4, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery

(duration) .....yrs. .....mos. 19 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) .....yrs. .....mos. 1 ds.

18 Where was disease contracted

If not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Stool culture

(Signed) Wm W Cornwell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn. Date of Burial Sept 7 1926.

20 UNDERTAKER: Mary A. Gwinnup ADDRESS 2800 Raynor Ave

Spec.—12-9-25—A Co.—260

E 13852

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13852

CERTIFICATE OF DEATH.

144

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 67 Granwillow St., 17 Ward)

2-FULL NAME Mary Smallwood

(a) RESIDENCE NO. 367 Granwillow St. 17 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dead

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) Palace Theatre

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Smallwood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Summers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Pearl Slaughter

(Address) 367 Granwillow

15 Filed 1926 Per C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926, to Sept 3, 1926, that I last saw her alive on Sept 3, 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Postpartum Hemorrhage

(duration) 1 hr. mos. ds.

CONTRIBUTORY (Secondary) Child birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos J Woolridge, M. D.

9-5 1926 (Address) 563 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 9/7 1926

20 UNDERTAKER Samuel T Hemsley ADDRESS 578 W Biddle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13853

CERTIFICATE OF DEATH.

111-001

REGISTERED NO.

1-PLACE OF DEATH Mt Hope Retreat

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-1 ST. 6 WARD)

2-FULL NAME Ellen Bramble

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? 80 yrs. 3 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 17 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Wm Harrison Moreland

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rebecca Tom Tipton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mt Hope Friends (Address) Mt Hope Retreat

15 Filed Sept 6 1926 C. MAMPSON JONES, M. D. Registrar

Ref R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to Sept 5, 1926, that I last saw h alive on September, 1926, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Haemorrhage)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Senile Deterioration

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Sept 6 1926

20 UNDERTAKER STEWART & HOOVEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 1000 N. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

19 E 13854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13854

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOS. St 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Williams

(a) RESIDENCE NO. 604 Collett St. Balto. Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER George Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Reed

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va

14 Informant Records

(Address) JOHNS HOPKINS HOS.

Filed ..... 19..... Registrar

5-1925 DLC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 3, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1926, to Sept 3, 1926, that I last saw h. alive on September 3, 1926 and that death occurred, on the date stated above, at 4 55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic adenomatous endocarditis

Myocardial insufficiency

(duration) 8 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E. Cowles Angus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae Date of Burial Sept 7 1926

20 UNDERTAKER Virginia G Brooke ADDRESS 1463 N. Carey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13855

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 13855

REGISTERED NO. C

CITY OF BALTIMORE: (No. 36 West 25th St.; 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Enson,

(Residence in Baltimore: No. 36 West 25th St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 12, 1875
(Month) (Day) (Year)

7-AGE, 51 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work U.S. Shipping Bd.
(b) General nature of industry, business, or establishment in which employed (or employer) Government

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, Edward Enson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan DeChaneaulume

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Florence Enson (Wife)

(Address) 36 W. 25th St

15-

Filed Sept. 6, 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1926, to Sept 2 1926, that I saw h[illegible] alive on Sept 2 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Hypertrophy

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) 1 hour yrs. mos. ds.

(Signed) Hubert C. Kenny M. D.

Sept. 2, 1926 (Address) 1216 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Sept. 6, 1926

20-UNDERTAKER John A. Denny ADDRESS 715 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1952 48 E 13856

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

X132 E 13856

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benj. H. Matthews

(a) RESIDENCE NO. Jerome Somerset Co. St. Pa Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ira.

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE — Years: 45 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): W. Va

(State or country)

PARENTS

10 NAME OF FATHER W. S. Matthews

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER Jane Matthews

13 BIRTHPLACE OF MOTHER (city or town): W. Va

(State or country)

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 G. HAMPSON JONES, M. D. Registrar

Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 6. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 19 26 to Sept 6, 19 26, that I last saw h. alive on Sept 6, 19 26 and that death occurred, on the date stated above, at 3 50 p.m.

The CAUSE OF DEATH* was as follows:

Nephrolithiasis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY Uremia

(Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? Pa.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? X-ray, Blood Chemistry

(Signed) Robert Mitchell Kay, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jamestown Pa — Date of Burial: 9/6/1926

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13857

E 13857

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1721 Orleans ST. 6-1 WARD)

2-FULL NAME Alice Williams

(a) RESIDENCE NO. 1721 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earnest Williams

6 DATE OF BIRTH (month, day, and year) June 7, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Dorsey

11 BIRTHPLACE OF FATHER (city or town) Elkton City Md. (State or country)

12 MAIDEN NAME OF MOTHER Sarah Stevenson

13 BIRTHPLACE OF MOTHER (city or town) Southpoint (State or country) Md.

14 Informant Sarah Stevenson (mother) (Address) 1721 Orleans St.

15 Filed 1926 19 Per C. HAMPTON JONES, M. D. R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1926, to Sept. 4 1926, that I last saw her alive on Sept 3 1926, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Subacute Appendix

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Typical findings

(Signed) W. A. Cargile per. H. L. Gaines M. D.

19 (Address) 5 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cemetery

DATE OF BURIAL Sept 6 1926

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Eastland

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13858

CERTIFICATE OF DEATH.

113 **E 13858**

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 16-6 WARD)

SYDENHAM HOSPITAL

2-FULL NAME William grant

(a) RESIDENCE NO. 1306 W. Lafayette ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident ~~give city or town~~ and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: mall

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced (write the word): Sing'l

6 If married, widowed, or divorced HUSBAND of or) WIFE of .....

7 DATE OF BIRTH (month, day, and year) June 4 - 26

8 AGE — Years: 0 — Months: 3 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

10 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Wm grant

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: grace Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Parents 1306 W. Lafayette

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 5 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 5, 1926, that I last saw him alive on Sept 5, 1926, and that death occurred, on the date stated above, at 3:17 a m.

The CAUSE OF DEATH* was as follows:

acute gastro-enteritis.

(duration) — yrs. — mos 20 ds.

CONTRIBUTORY (Secondary): acute pyelitis

(duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Blue Forman, M. D.

9/5/26 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 6 19 26

20 UNDERTAKER: Wm H. Cross Son — ADDRESS: 40c Mosher

Marvin James Blankner ✓

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13859

E 13859

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Wilhelm ST. 19-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marvin James Blankner

(a) RESIDENCE. NO. 1823 Wilhelm ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 6, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER George M. Blankner

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Crofoot

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Mary Crofoot
(Address) 1823 Wilhelm St

15 Filed 1926 . 19 C. HAMPSON JONES, M. D. Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Sept 4, 1926, that I last saw him alive on Sept 3, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Otitis Media c
Mastoiditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Laryngeal Cough

(duration) yrs. mos. 2 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Jas L Kerr Jones M. D.

9/4, 1926 (Address) 1709 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Sept 6 '26

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 W Lond

Spec.- 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13860

CERTIFICATE OF DEATH.

31 **E 13860**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 N. Fulton Ave ST. 15-12 WARD)

2-FULL NAME Mary E. Whelan

(a) RESIDENCE NO. 1710 N Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo Whelan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Larry W Dykes

(Address): 3035 Orrell Ave

15 Filed 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 4, 1926

that I last saw h[illegible] alive on Sept 4, 1926

and that death occurred, on the date stated above, at 5.30a m.

The CAUSE OF DEATH* was as follows:

E Ruptured Stomach Ulcer

Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Richardson M. D.

Sept 4 1926 Address 1122 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Sept 6, 1926

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1201 N Fulton Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13861

CERTIFICATE OF DEATH.

E 13861

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1621 W. North ave ST 15-13 WARD)

2-FULL NAME Adelaide J. Burgess

(a) RESIDENCE No. 1621 W. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leander Burgess

6 DATE OF BIRTH (month, day, and year): Dec. 25, 1841

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
84	8	10 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Uriel Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Harriet Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs. Annie Lee Bruce

(Address) 1621 W. North Ave.

45 Filed- 1926 R. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 5, 1926, that I last saw her alive on Sept 5, 1926, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clement H. Condry M. D.

, 19 (Address) 750 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy

DATE OF BURIAL: Sept 7, 1926

UNDERTAKER: John O. Mitchell

ADDRESS: 1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

Ciemny. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13862

CERTIFICATE OF DEATH.

49 E 13862

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Ciemny

(a) RESIDENCE NO. 813 S. Glover St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. ds. How long in U. S., if of foreign birth? Life yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) 1906 · Aug 15

7 AGE: Years 20 Months Days 14 | If LESS than 1 day, hrs. or min. 19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Girl

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Michal Ciemny

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Eniela Szafran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Eniela Ciemny (Address) 813 Glover St.

15 Filed 6 - 1926, 19 Pw. C. HAMPSON JONES, M. D. Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4/26. 19

17 I HEREBY CERTIFY, That I attended deceased from 8/31/26, 19, to 9/4/26. 19,

that I last saw h. alive on 9/4/26. 19

and that death occurred, on the date stated above, at 12:15 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(duration) yrs. 5 mos. days

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Exam.

(Signed) Jos. M. Freeling, M. D.

, 19 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. | DATE OF BURIAL: Sept 7 1926

20 UNDERTAKER: Stephen J. Fiatkowski | ADDRESS: 1500 Eastern Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13863

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 E Biddle st ST.: 10 WARD)

2-FULL NAME Regina Ludwig

(a) RESIDENCE. No. 718 E. Biddle ST., 10 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Ludwig

6 DATE OF BIRTH (month, day, and year) July 26, 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	10	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Lorrene Emrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John H. Ludwig (Address) 718 E Biddle St

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per R K

P6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1926, to Sept 5, 1926, that I last saw her alive on Sept 4, 1926, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) about 1 mon yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hiram G. Eliot, M. D.

, 19 (Address) 716 Eliot-Longshore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls C Violetville	Sept 7 1926

20 UNDERTAKER Louis Heemann ADDRESS 92 S Broadway

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13864

CERTIFICATE OF DEATH.

49 E 13864

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 S. Central av. 3-1 Ward)

2-FULL NAME Henry Kramer

(a) RESIDENCE NO. 311 S. Central St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Carrie Kramer

6 DATE OF BIRTH (month, day, and year) Mar 13 52

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) in Cooper

(c) Name of employer Shop.

9 BIRTHPLACE (city or town) _____

(State or country) City

PARENTS

10 NAME OF FATHER Casper Kramer

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Carrie Kramer

(Address) 311 S. Central av

15 Filed _____ 19__ C. HAMPTON JONES, M. D. Registrar

Post

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1926, to Sept 4th 1926

that I last saw h.[illegible] alive on Sept 4 1926

and that death occurred, on the date stated above, at 2 40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY _____

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. Murray Kassman, M. D.

Sept 19 1926 (Address) 2400 Orleans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. Date of Burial 9/8 1926

20 UNDERTAKER Philip Herrig ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Blks.

E 13865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No.) Lafayette & Johns St. 15-12 (WARD)

REGISTERED NO. 16-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.).

2-FULL NAME Baby Smith

(a) RESIDENCE NO. 1516 St Paul St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 33 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...0...

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Cohen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Canada.

14 Informant Benjamin Smith
(Address) 1516 N. Payson St.

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17

I HEREBY CERTIFY, That I attended deceased from 10:30 a.m. Sept 5, 1926 to 3:30 p.m. Sept. 5, 1926,

that I last saw h— alive on Sept 5, 1926,

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Thymic exam.

(Signed) W. M. Wilson, M. D.

19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nelson Herron Rm

DATE OF BURIAL 9/6 19 26

20 UNDERTAKER Jack Lewis

ADDRESS 1427 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13866

CERTIFICATE OF DEATH

161-002

E 13866

1-PLACE OF DEATH Womans Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST. 27-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Singer

(a) RESIDENCE NO. 5411 Narcissus ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Singer

6 DATE OF BIRTH (month, day, and year) Sept 5: 46

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Infant old

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Philip Benjamin Singer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lena Silver Singer

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Russia

14 Informant Philip B. Singer (Father) (Address) 5411 Narcissus Ave.

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

PS - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

that I last saw h alive on Heart beat 20 min. 19 .....

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Placenta Praevia Centralis
Version & Extraction
Fatal asphyxia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Sept 5: 26

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John McF Bayland, M. D.

, 19 (Address) 5826 Reddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood Cemetery — DATE OF BURIAL 9/6 19 26

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

E 13867. HEALTH DEPARTMENT—CITY OF BALTIMORE E 13867.

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 Ingleside ST. 27-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Inf. Grier

(a) RESIDENCE NO. 39 Ingleside ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-5-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ..6.. hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Alfred L. Grier

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Goldie Wright

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Alfred L Grier
(Address) 39 Ingleside Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar

EPS - 1926 Roll

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-5 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,
that I last saw h.. alive on ....., 19.....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Premature (Twins)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. Russell, M. D.
9-5, 1926 (Address) 39 Woodland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 9/6 1926

20 UNDERTAKER LeRoy L Hedges — ADDRESS 4702 Reist Rd

Cor.—1-12-23—M&T—100 Bks.

13868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 13868

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Mc Henry ST. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Fromme

(a) RESIDENCE NO. 723 Mc Henry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Fromme

6 DATE OF BIRTH (month, day, and year) 1861 Inquiry

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mr. Wm. Fromme

(Address) 1054 W. Lanvale st

Filed ..... 192 C. HAMPSON JONES, Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

and Fracture

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hamilton Atkinson, M. D.

(Coroner.)

, 1926 (Address) 1925 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Ceme	1/7 26
20 UNDERTAKER	ADDRESS
Geo. A. Farley	Fulton & Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13869

CERTIFICATE OF DEATH

REGISTERED NO. E 13869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Robinson

(a) RESIDENCE No. 412 W. Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER James L. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Mary Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bristol Va.

14 Informant St. Pete Claver Ind. School

(Address) 412 W. Biddle St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Sept 4, 1926,

that I last saw her alive on Sept 4, 1926

and that death occurred, on the date stated above, at 1:25 a. m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis Epidemic

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lumbar puncture

(Signed) Myron G. Tull, M. D.

9/6, 1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 9/6 1926

20 UNDERTAKER E. Ernest Jones ADDRESS 2277 Gilmor St

Spec. 6-9-19—H. P. Co.—1000 Bks.

13870

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 13870

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 E. Lombard ST. 3-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Walsh

(a) RESIDENCE. NO. 1814 E. Lombard ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9 1876

7 AGE 49

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt County

PARENTS

10 NAME OF FATHER John Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cecelia Dore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John Walsh 1814 E Lombard

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1926, to Sept. 1, 1926, that I last saw h.. alive on Sept. 5, 1926, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. T. Zeigler, M. D.

9/5, 1926 (Address) 1002 E Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 7 1926

20 UNDERTAKER Wendell Roppel & Son — ADDRESS 878 N

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13871

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

E 13871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3501 Winterbohm Road ST., 15-5 WARD)

2-FULL NAME Mary Nelson

(a) RESIDENCE No. 3501 Winterbohm Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustus Nelson

7 DATE OF BIRTH (month, day, and year): 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook for
(b) General nature of industry, business, or establishment in which employed (or employer): M. J. Pinkerton
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Augustus Nelson

(Address): 1706 Presbury St.

Filed ..... 192 ..... THOMPSON JONES, M. D., Registrar

By .....

6 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Kennedy, M. D.
(Coroner.)

9/5/26, 192 (Address) 1 E. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 9/6 192 6

20 UNDERTAKER: Samuel J. Beasley

ADDRESS: 378 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13872

CERTIFICATE OF DEATH.

113 E 13872

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Margaret Sorstmann.

(a) RESIDENCE NO. 1000 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Charles Augustus Sorstmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Schmirke

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Parents (Address) 1000 W. Lombard St.

15 Filed Sept 8 1926 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Sept 5, 1926, that I last saw her alive on Sept 5, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion with diarrhea

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) marasmus, rickets

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B Sherman, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Sept 7th 1926
20 UNDERTAKER Edw. J. Cowan & Son	ADDRESS 901 Bolton St

Spec.—12-9-25—A Co.—200 Bks.

Rebecca Shoffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13873 ✓ 47 E 13873

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1710 N. Bentalou St 31 Ward)

2-FULL NAME Rebecca Schaffer

(a) RESIDENCE NO. 1517 E. Balto. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Schaffer

6 DATE OF BIRTH (month, day and year): Mar 1886

7 AGE — Years: 40 — Months: 6 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Feinberg

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Feinberg

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant Harry Schaffer

(Address) 1517 E Balto St

15 Filed.....19.....

C. HAMPSON JONES, M. D.

Per_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept. 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1926 to Sept. 6th 1926

that I last saw h. alive on Sept. 6th 1926

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) .....yrs. 5 mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 1926

Was there an autopsy? no

What test confirmed diagnosis? clinical. Lab.

(Signed) R. A. Nicholson, M. D.

Sept 6 1926 (Address) 2230 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lehrem Woodale — Date of Burial 9/6 1926

20 UNDERTAKER: Joseph Lewis — ADDRESS 1439 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13874

CERTIFICATE OF DEATH.

4+ E 13874

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 N. North Ave St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Lebow

(a) RESIDENCE NO. 828 W. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Lebow

6 DATE OF BIRTH (month, day, and year) December 5 1860

7 AGE — Years: 65 Months: 9 Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): 15

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Lebow

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Joseph Lebow.

(Address) 828 W. North Ave

15 Filed 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1926, to Sept 6, 1926, that I last saw him alive on Sept 6, 1926, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (terminal)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 7

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Dowdell, M. D.

, 19 (Address) 817 Park Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodgers-Rd Date of Burial 19

20 UNDERTAKER: Jacob Lowe ADDRESS 1499 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13875

CERTIFICATE OF DEATH.

38 E 13875

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. Hope Retreat ST. 24-2 WARD)

2-FULL NAME John E. Nelson

(a) RESIDENCE NO. 134 E Rondall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) Mar. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER: John Nelson

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER: Sarah Holzman

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant: Mt Hope Records

(Address) Mt Hope.

15 Filed 6-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Sept 5, 1926,

that I last saw h alive on Sept 4, 1926,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Hemiplegia)

(duration) ..... yrs. ..... mos) ..... ds.

CONTRIBUTORY (Secondary) Paresis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann (+)

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: 9/8 1926

20 UNDERTAKER: Jno J Bobey & Sons

ADDRESS: 1318 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13876

CERTIFICATE OF DEATH.

31 E 13876

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. H-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles [redacted] (Noon) [redacted]

(a) RESIDENCE No. 605 N. Calvert st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE — Years: 69 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER James Moon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Catherine Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Hospital Records

(Address)

Filed [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 3, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 6, 1926, to Sept. 3, 1926,

that I last saw him alive on Sept. 3, 1926,

and that death occurred, on the date stated above, at 4.10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

several years. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. E. Gattens, M. D.

9-4-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: 9/6/26

20 UNDERTAKER: Jno J Daley Sons ADDRESS: 318 Light

Spec.—12-9-25—A Co.—200 Bks.

13877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13877.

CERTIFICATE OF DEATH.

44

E 13877

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Thomas Dunkin St. 10-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Little Sisters of the Poor.

(a) RESIDENCE NO. Preston & Aisquith St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 60 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. Gd

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland.

PARENTS

10 NAME OF FATHER James Dunkin

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Bridget Shannon

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant Sister Florence

(Address) Preston & Aisquith.

15 Filed _____, 19____ 1926 Reg. _____ Registrar

(THOMPSON JONES, M. D.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from No record, 19____, to _____, 19____,

that I last saw h.. alive on Sept 5, 1926,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

Unknown (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Sept 6, 1926 (Signed) J. Allo Garner, M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Sept 7 1926

20 UNDERTAKER: Rida Wiedefeld — ADDRESS: 914 Greenmt Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13878

CERTIFICATE OF DEATH.

E 13878

1-PLACE OF DEATH Maryland Gen. Hospital No 2 — REGISTERED NO. 21-2 29

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ruth Ashburn.

(a) RESIDENCE NO. 1125 Ward St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jun. 7, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	18	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Worker. 086

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Amond Ashburn.

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Ashbaddy.

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Ruth Ashburn. (Address) 1125 Ward St

15 Filed 7 1926 G. HAMPSON JONES, M. D. Registrar Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Sept 4, 1926, that I last saw h[illegible] alive on Sept 4, 1926, and that death occurred, on the date stated above, at 11.20 p. m.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Edema of lungs.

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Aug 23, 26

Was there an autopsy? no.

What test confirmed diagnosis? clinical.

(Signed) [signature] M. D.

, 19 (Address) Mt Vernon Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weems, Lancaster Co Va — DATE OF BURIAL Sept 7 1926

20 UNDERTAKER Wm. Cook — ADDRESS [illegible]

Cor.—1-12-23—M&T—100 Bks.

Mary E Joseph

HEALTH DEPARTMENT—CITY OF BALTIMORE

13879

CERTIFICATE OF DEATH.

90 E 13879

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 564 Park ave ST., 11-2 WARD)

2-FULL NAME Mary E. Joseph.

(a) RESIDENCE NO 564 Park ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William E Joseph

6b DATE OF BIRTH (month, day, and year): March 8. 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Thomas Cull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Jennie Joseph

(Address) 864 Park Ave

Filed ... 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) no other history.

(duration) yrs. mos. ds.

(Signed) E. T. Emerson, M. D. (Coroner.)

9/5/26, 192 (Address) Mercantile Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Harford Ave

DATE OF BURIAL: Sept 7 1926

20 UNDERTAKER: J. M. Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 13880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 13880

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1814 Fleet ST. 2-3 WARD)

2-FULL NAME Andrew Usiondek

(a) RESIDENCE NO. 1814 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Job

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Dominic Usiondek

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Mary Mastrangy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Usiondek

(Address) 1814 Fleet St

15 Filed 7-1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/26, 1926, to 9/5, 1926

that I last saw h alive on 9/5, 1926

and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Endocarditis

Conditis

Cause Unknown

(duration) yrs. mos 10 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Daniel Steinhardt, M. D.

, 192 (Address) 3328 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Sept 7 1926

20 UNDERTAKER J. H. Ozazewski — ADDRESS 1930 Eastern

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 13881

CERTIFICATE OF DEATH.

E 13881
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 N. Streeper St. 6-3 WARD)

2-FULL NAME John F. Proudfoot

(a) RESIDENCE No. 36 N. Streeper ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1862

7 AGE Years 64 Months 4 Days 3 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Harrington Steel Co.

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Proudfoot

11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Flaskell

13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

14 Informant Mary Proudfoot
(Address) 36 N. Streeper St.

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4/1926

17 I HEREBY CERTIFY, That I attended deceased from August 28, 1926, to Sept 4, 1926,
that I last saw him alive on Sept 3, 1926
and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Caleb W. Athey, M. D.
19 26 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Sept 7 1926

20 UNDERTAKER J. A. Moran — ADDRESS 3 Lee St Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

13882

CERTIFICATE OF DEATH.

E 13882

1-PLACE OF DEATH 213 N. Spring st.

City of BALTIMORE: (No. ~~JOHNS HOPKINS HOSP.~~ St., 5-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Stevenson

(a) RESIDENCE NO. 213 N. Spring St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) December 5, 1919

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	6	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George E. Stevenson

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen E. Gross

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14

Informant

(Address) JOHNS HOPKINS HOSP.

Filed ... 1926 ... WAMPSON JONES, M. D.

By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1926, to Sept. 4, 1926, that I last saw h.. alive on Sept. 3, 1926, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver

(duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander McKaffee, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Asbury cemetry Sept 8 1926

20 UNDERTAKER — ADDRESS

Eduard Bryan 1631 orleans st

Very Important: See Instructions on Back of Certificate.

Spec.—1-10-21 M&T 1500 Blks.

Camper

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13883

CERTIFICATE OF DEATH

38 E 13883

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE (No. 32 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Camper

(a) RESIDENCE NO. 234 S. Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Camper

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Amos Camper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Pender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bklyn City Hospital (Address)

15 Filed 1926 19 HAMPSON JONES, M. D. Registrar

P 7

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1925, to Sept 4, 1926,

that I last saw him alive on Sept 4, 1926,

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonic Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Finkelson

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symptoms

(Signed) Harry Goldsmith M. D.

9/5/, 1926 (Address) Bklyn City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL Sept 8 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

E 13884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13884

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Hoffman ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry M. Bisker

(a) RESIDENCE NO. 1106 E. Hoffman ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Bisker

6 DATE OF BIRTH (month, day, and year) May 6 1654

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	72	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 856

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York. Pa

PARENTS

10 NAME OF FATHER Charles Bisker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena M. Bisker

(Address) 1106 E Hoffman

Filed 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1926, to Sept 5, 1926.

That I last saw him alive on Sept 5, 1926,

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Chr. Myo - Endocarditis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm. P. Straight M. D.

9/Sept 26 (Address) 226 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 8 1926

20 UNDERTAKER William G Schaefer — ADDRESS 1162 Monroe

Spec.—12-9-25—A Co.—200 Bks.

E 13885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13885

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1603 Argyle ave St. 14-1 Ward)

2-FULL NAME Phillip A Davis

(a) RESIDENCE NO. 1603 Argyle ave Balto Md Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Sept 5 1919

7 AGE — Years: 7 — Months: ✓ — Days: ✓ — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore,

(State or country)

10 NAME OF FATHER: Clarence Davis

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER: Margaret Cooley

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

PARENTS

14 Informant: Clarence Davis

(Address) 1603 Argyle Ave

Filed SEP 7 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26: 9-5-26

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to Sept 5, 1926, that I last saw h.. alive on 9-5-, 1926, and that death occurred, on the date stated above, at 11-40 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Several months

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) ...yrs. ...mos. 4 5 ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W R Boyton, M. D.

9 6 19 26 (Address) 1617 Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Cem Date of Burial 9 7 19 26

20 UNDERTAKER: Samuel S Hemsley Co Bodies ADDRESS 5 18

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13886

CERTIFICATE OF DEATH.

E 13886

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp WARD)

2-FULL NAME Samuel Ruff

(a) RESIDENCE NO. 809 Lafayette Ave ST., WARD Catonsville
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Margaret Ruff

6 DATE OF BIRTH (month, day, and year) Feb 25 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Ruff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Weis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Sept 5, 1926, that I last saw h[illegible] alive on Sept 5, 1926, and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Uraemia — Renal hypertrophy — prostate

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Catonsville

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Union Memorial Hosp, M. D.

, 19 (Address) per J. M. Hines M.D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 8th 1926

20 UNDERTAKER Geo Weber & Son

ADDRESS 2503 Edmondson Ave

Over

Cor.—12-9-25—A Co.—200 Bks.

E 13887.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1329 ✓ E 13887

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 S Boulden St., 16-5 Ward)

2-FULL NAME Herman Luebbecke

(a) RESIDENCE NO. 206 S. Boulden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Luebbecke

6 DATE OF BIRTH (month, day, and year) June 25 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	76	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Herman Luebbecke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Otto Luebbecke

(Address) 206 S Boulden St

15 Filed SEP 7 - 1926 K.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Contributing

(duration) 3 yrs. 4 mos. ds.

(Signed) James M Kemler M. D.

(Coroner)

9/6, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Sept 8th 1926

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Ed

Very important. See instructions on back of certificate.

over

Cor.—1-12-23—M&T—100 Bks. Charles O. Turner

HEALTH DEPARTMENT—CITY OF BALTIMORE

13888 — 24-001 E 13888

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 Penna Ave, ST., 14-1 WARD)

2-FULL NAME Charles O. Turner

(a) RESIDENCE NO 2237 Penna Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male (Female)

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or WIFE of) Martha Turner

6 DATE OF BIRTH (month, day, and year) About 1876.

7 AGE — Years: 50 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Joseph Turner

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Martha Turner
(Address) 2237 Penna. Ave

Filed SEP 7 - 1926, 192 THOMPSON JONES, M. D. Registrar

Fee: [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hemmeter, M. D.
(Coroner.)

9/6, 1926 (Address) 2 Residence

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemty — DATE OF BURIAL: 9/7/1926

UNDERTAKER: Mrs. Geo. R. Holland — ADDRESS: 1631 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Bks.

E 13889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13889

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2003 Eastern Ave. 2-1 Ward)

2-FULL NAME Ida H. Boog

(a) RESIDENCE NO. 2003 Eastern Ave. 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Boog.

6 DATE OF BIRTH (month, day, and year) March 8th 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina

(State or country)

PARENTS

10 NAME OF FATHER Charles Wood

11 BIRTHPLACE OF FATHER (city or town) N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Ida Meisel (daughter)

(Address) 2003 Eastern Ave.

Filed SEP 7 1926 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1926, to Sept 5, 1926, that I last saw her alive on Sept 4, 1926, and that death occurred, on the date stated above, at 4.55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. S. Lloyd, M. D.

, 19 (Address) 2232 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — Date of Burial Sept. 9th 1926

20 UNDERTAKER Lilly & Geiler — ADDRESS 403 S. Mosher St.

Very Important. See Instructions on Back of Certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13890

CERTIFICATE OF DEATH.

89

E 13890

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital - 11-3

City of BALTIMORE: (No. _____ St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Crawford

(a) RESIDENCE NO. 611 Calvert St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie L. Crawford

6 DATE OF BIRTH (month, day, and year): apr. 5, 1861

7 AGE: 65 Years 6 Months 29 Days 65

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer - 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles E Crawford

11 BIRTHPLACE OF FATHER (city or town):

(State or country) md -

12 MAIDEN NAME OF MOTHER Isabella Langdon

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) md -

14 Informant Hospital records -

(Address)

C. HARRISON JONES, M.

15 Filed SEP 7 1926 19

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926, to Sept 4, 1926, that I last saw h.im alive on Sept 4, 1926, and that death occurred, on the date stated above, at 7 15 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris -

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Thos. B. Turner, M. D.

, 19 (Address) Mercy Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

Date of Burial: Sept 7 1926

UNDERTAKER: Chas E Rauch Son

ADDRESS: 1180 W Royal Ave

Very Important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13891 E 13891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5416 Park Heights Ave ST., 47-2 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin H Haines

(a) RESIDENCE NO. 5416 Park Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 25. 1859

7 AGE: Years 67 Months 3 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER James A Haines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Guy. B Haines

(Address) 5416 Pk. Heights Ave.

15 Filed SEP 7 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 – 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Sept 4, 1926, that I last saw him alive on Sept 4, 1926, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas. Mills, M. D.

(Address) 5242 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marks Cem Highland Howard Co Md. DATE OF BURIAL: 9 – 7 1926

20 UNDERTAKER: George Trench ADDRESS: Laurel Md.

Spec.—1-10-21—M&T—1500 Bks.

E 13892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13892

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 525 S. Fulton Ave ST., 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Authon

(a) RESIDENCE NO. 1876 Walkins Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary M. Authon

6 DATE OF BIRTH (month, day, and year) Aug 19-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Helper 073

(c) Name of employer B & O. Ry

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Authon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Asked not known 9/7

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Asked not known

14 Informant Mary M. Authon

(Address) 1876 Walkins Ave

15 Filed 1926 19 C. FRANKLIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from 12 m. Sep. 6, 1926 to 9 P. M. Sep. 6, 1926.

that I last saw him alive on Sep. 6, 1926

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage — apoplexy

(duration) yrs. 9 hrs mos ds.

CONTRIBUTORY (Secondary) Hypertension — arterial.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis.

(Signed) E. J. Bouchelle M. D.

(Address) 2104 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudan Park DATE OF BURIAL Aug 9 1926

20 UNDERTAKER H. S. Marshall ADDRESS 3539 Ed Rd.

E 13893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals 16-3 St., or Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John W. Hild

(Residence in Baltimore: No. 827 North Poplar Grove Street St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December, 21st. 1902
(Month) (Day) (Year)

7-AGE, 23 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of Industry, business, or establishment in which employed (or employer): Van Zandt Collar Company

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William J. Hild

11-BIRTHPLACE OF FATHER, (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Bertie K. Mason

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Hild

(Address) 1017 Appleton Street

15-

Filed SEP 7 1926 192.. E. LAMPTON JONES, M. D. Registrar.

Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September, 5th. 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture base of Skull
struck auto Accident
while riding in Car on Road
(Duration) yrs. mos. Hrs.

CONTRIBUTORY (Secondary) Auto in which he was riding turned over
(Duration) yrs. mos. ds.

(Signed) James H. Fenlon M. D.
(Coroner.)

9 5 1926 (Address) 706 E. Chase St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? North Point Rd.

Former or usual residence. 827 Poplar Grove St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Sept 8' 1926

20-UNDERTAKER Joseph B Cook ADDRESS 1003 N Gay St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13894

CERTIFICATE OF DEATH.

180-002

E 13894

REGISTERED NO.

1-PLACE OF DEATH Kirby's Park.

City of BALTIMORE: (No. Hanover St.bridge. St., 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonetta Lado.

(a) RESIDENCE NO. Kirby's Park Hanover St.bridge. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 15, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Brooklyn, N.Y.

PARENTS

10 NAME OF FATHER Nicola Lado.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Servia.

12 MAIDEN NAME OF MOTHER Anna Pascha.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Anna Lado. (mother)

(Address) Kirby's Park Hanover St.bridge.

15 Filed ..... 19 C. KAMPOURIS, Jr. M. Registrar

Per RC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental suffocation.

overlain while asleep.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) H. M. Reinhardt, M. D. (Coroner)

9/7, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Sept 7 1926

20 UNDERTAKER D. John F. Denny ADDRESS 715 Light St

very important. See instructions on back of certificate.

9-7-1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13895

E 13895

CERTIFICATE OF DEATH.

100-01

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hosp 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel F. Flemming.

(a) RESIDENCE NO. 1417 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of Annie C. Flemming

6 DATE OF BIRTH (month, day, and year) May 10, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bartender.

(b) General nature of industry, business, or establishment in which employed (or employer) 644

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country) unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Annie C. Flemming (Address) 1417 Lexington st

15 Filed 9 - 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Sept 5, 1926, that I last saw him alive on Sept 5, 1926 and that death occurred, on the date stated above, at 3:5 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

(duration) about 3 weeks. yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Phys. Exam.

(Signed) Louis T. Levy, M. D.

9/5, 1926 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 9-8 1926

20 UNDERTAKER Robert Brooks & Son ADDRESS Calhoun Hollins Sts

THIS IS VERY IMPORTANT. See instructions on the back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13896 E 13896

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 41 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Green

(a) RESIDENCE NO. 705 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	3	

8 OCCUPATION OF DECEASED Infant.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William Robert Green

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Indiana.

12 MAIDEN NAME OF MOTHER Nettie Eckeard

13 BIRTHPLACE OF MOTHER (city or town) Carolina
(State or country) Maryland.

14 Informant Mrs. W. R. Green.
(Address) 705 W. Baltimore St.

15 Filed SEP 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1926, to Sept. 6, 1926, that I last saw her alive on Sept. 6, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion with diarrhea.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Marasmus, rickets

(duration) yrs. 2 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 9-7 1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Mulberry st

Spec.—1-10-21—M&T—1500 Bks.

Murray M. Tarlton ✓

E 13897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

E 13897

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-1 WARD)

2-FULL NAME Murray M. Tarlton

(a) RESIDENCE NO. 1800 E. Eager ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced? (write the word)
Male	White	Married

5a If married, widowed, or divorced • HUSBAND of (or) WIFE of Mary Tarlton

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 1 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. C. Tarlton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mollie Goodwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Tarlton

(Address) 1800 E. Eager St

15 Filed ..... 19 ..... Per ..... Registrar

C. HARPSON JONES, M.D.

7-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1926, to Sept. 5, 1926, that I last saw h alive on Sept 5, 1926, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of ——

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) J. Victor Selby, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 9/8 1926

20 UNDERTAKER L. V. Fanning Son-1938 E. Lafayette

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13898

CERTIFICATE OF DEATH.

E 13898

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 74001

City of BALTIMORE: (No. ____ St., 701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Holland

(a) RESIDENCE NO. 1726 Ashland Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant City Hospital Records

(Address)

15 Filed ____ 19 ____ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 2, 1926, that I last saw him alive on Sept 1, 1926, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Hypertension

Residual Left Hemiplegia

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Gensral & Laboratory

(Signed) R. Hooper Smith, M. D.

Sept 3 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ____ Date of Burial ____ 19

20 UNDERTAKER ____ ADDRESS ____

UNIVERSITY OF MARYLAND SEP 2 1926

C. HAMPSON JONES, M. D. Commissioner of Health.

Very Important. See Instructions on Back of Certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13899

37-001

E 13899

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital. 5-1

City of BALTIMORE: (No. ____ St. ____ Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Allen

(a) RESIDENCE NO. 133 Calvert St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Allen

6 DATE OF BIRTH (month, day, and year) May 4, 1880

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
46	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER James Allen

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md.

14 Informant Hospital Records.

(Address)

15 Filed ____, 19 ____ By ____ Registrar

very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 17, 19.26, to Sept 3, 19.26, that I last saw him alive on Sept 3, 19.26, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) —yrs. ____mos. ____ds.

CONTRIBUTORY (secondary) ____

(duration) ____yrs. ____mos. ____ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? ____

(Signed) Thos. B. Turner, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

C. HAMPTON JONES, M. D.

UNIVERSITY OF MARYLAND

1926

SEP 7

Spec.—1-10-21—M&T—1500 Bks.

Callie Essman ✓

E 13900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13900

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (Street) (WARD) 700

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Callie Essman

(a) RESIDENCE NO. 9th (Street) St. Brooklyn (WARD) Brooklyn Md, Co

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant (Address) Mrs. Callie Essman 9th St. Brooklyn

15 Filed 19 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-31, 1926, to 9-6, 1926, that I last saw h[illegible] alive on 9-6, 1926, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Sept 9th 1926
20 UNDERTAKER	ADDRESS 1339
B. Schloman & Son	Hanover St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13901

E 13901

CERTIFICATE OF DEATH.

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 52 E. Heath St. (WARD) 23-2

2-FULL NAME Emma M. Reichert

(a) RESIDENCE NO. 52 E. Heath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of George Reichert

6 DATE OF BIRTH (month, day, and year) June 2nd, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Henry Sandling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George Reichert (Address) 52 E Heath St

15 SEPT - 1926 (Date received) J. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6th, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11th, 1926, to Sept 6th, 1926.

that I last saw her alive on Sept 5th, 1926

and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of scapula

(duration) — yrs. 3 mos 26 ds.

CONTRIBUTORY (Secondary) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray examination

(Signed) Storm Heibel M.D.

9/6, 1926 (Address) 1224-26 Hanover Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Sept 8th 1926

20 UNDERTAKER E Schlosman & Son

ADDRESS 1034 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

E 13902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13902

CERTIFICATE OF DEATH.

× 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St., [illegible] WARD)

2-FULL NAME Alexander McCallister.

(a) RESIDENCE NO. Rock Hall Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower.

6 DATE OF BIRTH (month, day, and year) [redacted]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Robert J. McAllister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McCormic

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James McAllister (Address) Tenley ave

15 Filed [illegible] 1926 C. EAMPSON JONES, M. D. Registrar Per Asst.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Sept 5, 1926, that I last saw him alive on Sept 5, 1926 and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

1. Aortic insufficiency with partial compensation, Chr. Interstitial nephritis (duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) E. L. Moore, M. D.

, 19 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Sept 8th 1926

20 UNDERTAKER F. A. Kraemer & Son ADDRESS 708 Hanover St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13903 — 1926-803 — E 13903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at City Hospitals — REGISTERED NO. _____

City of BALTIMORE: (No. Balt City Hospitals St., 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gregory

(a) RESIDENCE NO. Turners Station St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
28	27	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O & O

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Wm Gregory

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va

14 Informant Hazell Gregory

(Address) Turners Station

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per _____ Date

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of heart & lung by steering Rod of automobile when the auto struck a tree & turned over (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Sudden (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

(Signed) James M Benton M. D. (Coroner)

1926, (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buckingham cem Date of Burial Sept 7 1926

20 UNDERTAKER Mrs R. A. Elbert ADDRESS 1725 Eastland

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13904

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 13904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [illegible] St., 5-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Pinkney

(a) RESIDENCE NO. 110 Colvin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Pinkney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed [illegible] 19 [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Sept 5, 1926,

that I last saw h[illegible] alive on Sept 4, 1926,

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY Myocardial Failure

(Secondary)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hoss Sweet, M. D.

Sept 6 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Leahy Cemetery Sept 8 1926

20 UNDERTAKER — ADDRESS

Mrs P.G. Elliott 1725 Eastland

Very Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13905

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13905

CERTIFICATE OF DEATH.

71-001

REGISTERED NO.

1-PLACE OF DEATH Colonial Hosp. 6-6

CITY OF BALTIMORE: (No. 1122 N. Mount St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Whitesell

(a) RESIDENCE No. Ellicott City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Whitesell

6 DATE OF BIRTH (month, day, and year) Dec 15, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) U

12 MAIDEN NAME OF MOTHER Angeline Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hosp. record (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-2, 1926, to 9-6, 1926, that I last saw him alive on 9-6, 1926, and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis (Suppurative)
Septicemia
dc. Endocarditis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. & autopsy

(Signed) T. J. Moore, M. D.

, 19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Gilboa Cemetery

DATE OF BURIAL 8-8 1926

20 UNDERTAKER Easton Sons.

ADDRESS Ellicott City

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

13906 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13906

CERTIFICATE OF DEATH.

91-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 West Hamburg ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P Dawson

(a) RESIDENCE NO. 506 West Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Dawson

6 DATE OF BIRTH (month, day, and year) 7-5-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse Collar maker

(b) General nature of industry, business, or establishment in which employed (or employer) 088

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna Dillehunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mary D. Jacques

(Address) 701 Old Frederick Road

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6. 1926

17

I HEREBY CERTIFY, That I attended deceased from July 7 1919, to Sept 6 1926, that I last saw him alive on Sept 6 1926, and that death occurred, on the date stated above, at 10:50 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. E. Burton, M. D.

9/7/1926 (Address) 301 East Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 9/7/26

20 UNDERTAKER Philip Sterne

ADDRESS 21 E. Eutaw St.

FROM is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13907

74-901

E 13907

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 42 Roland Court St. 27-6 Ward)

2-FULL NAME August Wehr

(a) RESIDENCE NO. 42 Roland Ct St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helsen Wehr

6 DATE OF BIRTH (month, day, and year) ~~Feb 14 1864~~ Dec 3 1843

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	7 8	9 5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Brick

(b) General nature of industry, business, or establishment in which employed (or employer) Manfg. 8 6

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Fredrick Wehr

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Johana

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Mrs. Helen Wehr

(Address) 42 Roland Court

15 Date 9/7, 1926 C. HARRISON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/1, 1926, to 9/6, 1926, that I last saw h[illegible]live on 9/6, 1926, and that death occurred, on the date stated above, at 2.08 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edwin E. Mayer, M. D.

9/7, 1926 (Address) The Esplanade apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem Date of Burial 9/7 1926

20 UNDERTAKER Philip Herwig ADDRESS 206 Orleans

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13908

CERTIFICATE OF DEATH.

31 E 13908

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 E.Hayward Ave (St.) 27-2 (Ward)

2-FULL NAME ~~Maria~~ Violet M. Schauermann,

(a) RESIDENCE No. 111 E.Hayward Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Otto H.Schauermann,

6 DATE OF BIRTH (month, day, and year) August 17.1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	48	--	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo.R.Hebbel,

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Brinkman,

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Otto H Schauermann
(Address) 111 E.Hayward Ave.

15 Filed - 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 6 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1926, to Sept 6, 1926, that I last saw her alive on Sept 6, 1926, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Charles J Mills, M. D.

, 19 (Address) 5242 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore — DATE OF BURIAL SEP 9 - 1926

20 UNDERTAKER Geo W Little — ADDRESS [illegible] EDMONDSON AVE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13909

CERTIFICATE OF DEATH.

179 **E 13909**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 679 Washington Blv'd St. 22-1 Ward)

2-FULL NAME Emma C. Schulenberg

(a) RESIDENCE NO. 679 Washington Blvd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of late Edward H. Schulenberg

6 DATE OF BIRTH (month, day, and year) Jan 18. 1869

7 AGE: Years 57 | Months 7 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Charles Stephan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Scheidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs William Platt

(Address) 679 Washington Blv'd

15 Filed 9/7 19 26 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24th, 26, to Sept 5th, 26, that I last saw h__ alive on Sept 5th, 26, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Edema of the Lung

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(duration) 1 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J E Poulton, M. D.

(Address) 3909 Gunson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Sept 8 1926

20 UNDERTAKER: J. S. J. OEHDENS & SON — ADDRESS: 217 S. Paca st

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Elizabeth Owens)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13910

CERTIFICATE OF DEATH.

E 13910

1-PLACE OF DEATH University Hosp 145-001

City of BALTIMORE: (No. 2338 ~~S Stockton~~ St.) 15-11 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth ~~Stockton~~ Owens

(a) RESIDENCE NO. 2338 S Stockton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908 - Aug 29

7 AGE Years 18 Months Days 11 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt

(State or country) Md

PARENTS

10 NAME OF FATHER Randolph Owens

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Louise Brown

(Address) 722 Lanvale St

15 Filed 9-9-1926 Registrar C. HAMPSON JONES, M. D.

Per E.P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Death

Surgical Operation

Cesarian Section

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel S Tucker M. D.

(Coroner)

, 19 (Address) 3325 Pelham Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 9-9 1926

20 UNDERTAKER George T. A. Gibson ADDRESS 1153 Druid Hill Ave

very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13911

CERTIFICATE OF DEATH.

36-09 E 13911

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Fourth ST. 26-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund Szpizowski

(a) RESIDENCE NO. 102 S. Fourth ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
3 wks. 1926	Aug.	16 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Szpirzowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Truznek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary Szpirzowski

(Address) 102 S. Fourth St.

15 Filed SEP 8 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1926, to Sept. 7, 1926, that I last saw him alive on Sept. 6, 1926, and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of The left Tibia (Tubercular).

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-6-26

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

9-7-, 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holly Cross, Germ. Hill

DATE OF BURIAL 9-8-26

20 UNDERTAKER F. W. Oznowski

ADDRESS 1930 Eastern Av

FOR IS very important. See instruction on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13912

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 13912

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Edgewood Sanatorium

City of BALTIMORE: (No. 6000 Bellona Ave St., 27-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Kemp Hadel

(a) RESIDENCE NO. 5506 Clover Road St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas A. Hadel

6 DATE OF BIRTH (month, day, and year) July 11/1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas E. Kemp.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Adelaide Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wm. J. Hadel

(Address) 5506 Clover Road

15 Filed_____, 19____ C. HAMPSON JONES, M. D. Registrar

SEP 8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Sept 7.

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to Sept 7, 1926, that I last saw her alive on Sept 6, 1926 and that death occurred, on the date stated above, at 4 30 1 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Blake Wheeler, M. D.

Sept 9, 1926 (Address) 2429 Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Green Mount Cem.	Sept 9 1926
20 UNDERTAKER	ADDRESS 1944
Harry W. Ehlen	W. North

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13913

101-001

CERTIFICATE OF DEATH.

E 13913
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W. Saratoga ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Johnson Summerville

(a) RESIDENCE NO. 1019 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? 40 yrs. 11 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Summerville

6 DATE OF BIRTH (month, day, and year): Sept 23 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Harry Roane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Columbus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mary Roane
(Address): 1019 W. Saratoga

15 Filed Sept 8 1926 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6 1926

17

I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to Sept 6, 1926,

that I last saw her alive on Sept 6, 1926

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tuberculin symptoms

(Signed) C. H. Florence, M. D.

Sept 7 1926 (Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 9 1926

20 UNDERTAKER: Sam'l H. Cassard Son — ADDRESS: 1400 W. Balto

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13914

CERTIFICATE OF DEATH.

74-001

E 13914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3242 Eastern Ave St. 76-5 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph W. Pulham

(a) RESIDENCE NO. 3242 Eastern ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace J

6 DATE OF BIRTH (month, day, and year) Aug. 11-1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	33	-	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Thos. W. Pulham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jennie B. Berans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Grace J. Pulham
(Address) 3242 Eastern ave

15 Filed ....., 19.. Registrar

HARRISON JONES, M. D.

SEP 8 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1926, to Sept. 6, 1926, that I last saw him alive on Sept. 6, 1926, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 4 yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hemiplegia (Cerebral Hemorrhage)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Henry B Kelly, M. D.

9/7, 1926 (Address) 2504 Eutaw st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Sept 9 1926

UNDERTAKER J. Zirkler + Zirkler

ADDRESS 1739 E. Eager st.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 13915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13915

CERTIFICATE OF DEATH.

161-00

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 16-1 Ward)

Registered No.....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Bell none of family (mother has type V moved

(a) Residence No..... Lassberg (+ St. does not know # of house Ward.....

(Usual place of abode) near Brighton (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) 9-2-26

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 14 hrs. or 35 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Baby

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Bell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Bertha Long

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant).....

(Address).....

15- SEP 8 1926 [illegible] M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-3-26

17- I HEREBY CERTIFY, That I attended deceased from 9-2, 1926 to 9-3, 1926

that I last saw h 24 alive on 9-3, 1926

and that death occurred, on the date stated above, at 10 4/2 m.

The CAUSE OF DEATH* was as follows:

Prematurity (30 wks)

therapeutic interruption of pregnancy - maternal indication

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) (see above)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) Ena F. Dodge M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, University Hosp

DATE OF BURIAL, ..., 19....

20-UNDERTAKER,

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13916

CERTIFICATE OF DEATH.

E 13916

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1831 Mount St. 15-13 Ward)

2-FULL NAME Freda Slamovitz

(a) RESIDENCE NO. 1831 Mount Street St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 17 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Slamovitz

6 DATE OF BIRTH (month, day, and year) ----------1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jacob Slamovitz

(Address) 21 N. Broadway

C. HAMPSON JONES, M. D.

15 Filed SEP 8 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept. 7th 26

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to Sept 5, 1926, that I last saw h.r alive on Sept. 5 1926, and that death occurred, on the date stated above, at 1.15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Exhaustion

Unknown (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of_____

Was there an autopsy? by Physician

What test confirmed diagnosis?

(Signed) Milton P. Hall, M. D.

, 19 (Address) Baltimore or a Resident Phy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: 9-8 - 19 26

20 UNDERTAKER: Jack Levin — ADDRESS: 1439 E. Balto. St.

very important. See instructions on back of certificates.

13917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-001

E 13917

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... David Greenberg .....

(Residence in Baltimore: No. 4003 Bonner Road St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: 1869
(Month) (Day) (Year)

7-AGE: 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. A. Greenberg

(Address) 4100 Forrest Park Ave.,

15- Filed SEP 8 - 1926 H. C. HAMPSON JONES, M. D.
Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9/7, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental death.
Fall thru elevator
shaft

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Levin M. D.
(Coroner.)

1926 (Address) 3325 Pattapsco

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Herring Run

DATE OF BURIAL: 9-8- 1926

20-UNDERTAKER: Jack Levin

ADDRESS: 1439 E. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

E 13918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 13918

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Edmondson ST. 20-W WARD)

2-FULL NAME Gladys B Packie

(a) RESIDENCE NO. 3307 Edmondson STREET WARD
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	N	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer H Packie

6 DATE OF BIRTH (month, day, and year) Nov 20 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER H. O Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Crispens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Elmer H Packie
(Address) 3307 Edmondson Ave

Filed SEP 8 1926 T. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1926, to Sept 3, 1926, that I last saw h alive on Sept 3, 1926, and that death occurred, on the date stated above, at 10-40 Am.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cerebral Meningitis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tubercle Bacilli in Sputum

(Signed) Elmer B Kraemer M. D.

, 19 (Address) 417 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park Lawn

DATE OF BURIAL Sept 8 1926

20 UNDERTAKER W. M. Routson

ADDRESS 2208 N Mth

ATTENTION IS VERY important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

E 13919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 South 10th st ST. 261 WARD) REGISTERED NO. C 1610

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kunsak

(Residence in Baltimore: No. 19 S. 10th st. St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, W. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 6th, 1926 (Month) (Day) (Year)

7-AGE, 20 hours ..... Yrs. ..... Mos. ..... Ds. | If LESS than 1 day, 20 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), 19 S 10th St. Balto city

PARENTS.

10-NAME OF FATHER, Dimitry Kunsak

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Nellie Zachniek

13-BIRTHPLACE OF MOTHER (State or Country), Galicia—Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dimitry Kunsak

(Address) 19 S. 10th St.

15- C. HAMPSON JONES, M. D.

Filed ..... 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7th, 1926. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1926, to Sept 7 1926, that I saw h... alive on Sept 7 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature birth — 5 months foetus weighing one pound

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj. Rustow M. D.

Sept 7, 1926 (Address) 1804 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. | DATE OF BURIAL, Sept. 7th, 1926

20-UNDERTAKER Lilly & Zeiler | ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13920

E 13920

CERTIFICATE OF DEATH.

REGISTERED NO. 16129

1-PLACE OF DEATH Colonial Hosp.

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 16 WARD)

2-FULL NAME Regina McElroy

(a) RESIDENCE NO. 1503 Mosher ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced
(Husband of or) Wife of Not Known

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42 yrs.	—		

8 OCCUPATION OF DECEASED maid +

(a) Trade, profession or particular kind of work Seamstress.

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Hugh McElroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Agnes McGary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Miss. Mary E. Boyle
(Address) 207 E. Lanvale St

15 Filed ....., 19 Per C. THAMPSON JONES, M. D. Registrar

SEP 8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-5-26, 19...., to 9-7-26 19....

that I last saw her alive on 9-7, 19 26

and that death occurred, on the date stated above, at 3; A m.

The CAUSE OF DEATH* was as follows:

Uremia —
Hypertension: Arteriosclerosis
Chr. Interstitial Nephritis
?
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia — (duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) T. J. Mohr M. D.

9/7, 19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept. 10 1926

20 UNDERTAKER Henry Hosch Son — ADDRESS 1901 E. Eager

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13921

CERTIFICATE OF DEATH.

160 E 13921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. ward 7-1 WARD)

2-FULL NAME Jane Frances Beach.

(a) RESIDENCE NO. St. Vincent's Infant Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21, 1926.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	16, 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Beulah Beach.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Sister Madeleine.
(Address) St. Vincent's Infant Asylum

15 Filed , 19 Per Registrar

Sept 8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Sept. 7, 1926.

that I last saw h alive on Sept 7, 1926

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Acute Invagination

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) malnutrition, carbohydrate intolerance.

(duration) yrs. 2 mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth D. Sherman, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept 8 1926
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons,	W. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 13922

CERTIFICATE OF DEATH.

E 13922

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 405 N. Greene. St., 17-3 Ward)

2-FULL NAME Josephine Capponi

(a) RESIDENCE NO. 405 N. Greene. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 19-1925.

7 AGE	Years	Months	Days	IF LESS than 1 day: ....hrs. or....min.
	1	5	18 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John Capponi

11 BIRTHPLACE OF FATHER (city or town) Ascalipicano

(State or country) Italy.

12 MAIDEN NAME OF MOTHER Louise Nardi

13 BIRTHPLACE OF MOTHER (city or town) Ascalipicano

(State or country) Italy.

14 Informant Louise Capponi

(Address) 405 N. Greene St.

15 Filed_____, 19____ Registrar

Per_____

very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 7-1926

17

I HEREBY CERTIFY, That I attended deceased from 9-3-, 1926, to 9-7-, 1926,

that I last saw her alive on 9-6-, 1926,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Septic Tonsilitis

(duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical exam throat culture

(Signed) Chester Riland, M. D.

9-7-, 1926 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

Date of Burial 9/9 1926

20 UNDERTAKER Eko & Ruth

ADDRESS 1135 Harford ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13923

CERTIFICATE OF DEATH.

E 13923

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 N. Fouldon St., 10 Ward)

REGISTERED NO. 1-2129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elma M. Holmes

(a) RESIDENCE NO. 606 N. Fouldon St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9/a yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Everett J Holmes

6 DATE OF BIRTH (month, day, and year): May 7-1895

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	31	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: M. Dean

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Nella Ruth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: E. Everett J. Holmes

(Address) 606 N. Fouldon Ave

15 Filed SEP 8 1926 19 HAMPSON JONES, Jr. D. Registrar

Per LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to Sept 6, 1926, that I last saw h.... alive on Sept 5, 1926, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Uraemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis - hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George H. Wiesmann, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial Sept 8 1926

20 UNDERTAKER: Will Cook

ADDRESS 502 E North Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 13924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-88

E 13924

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W. Saratoga ST. 19-1 WARD)

2-FULL NAME Mary J. Heath

(a) RESIDENCE NO. 1706 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Alfred Heath

6 DATE OF BIRTH (month, day, and year) Aug 2 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Illinois

PARENTS

10 NAME OF FATHER Alexander J Jacobs

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER — Barnes

13 BIRTHPLACE OF MOTHER (city or town) Ills (State or country)

14 Informant Alfred Heath
(Address) 1706 W Saratoga St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Sept 6, 1926, that I last saw h[illegible] alive on Sept 5, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) ..... yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

9/7, 1926 (Signed) W. O'Neill M. D.
(Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 9 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nall

P8 1926

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 13925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Norman av. St. 20-1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Myers (Meyers)

(Residence in Baltimore: No. 521 Norman ave St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Jan. 26, 1845
(Month) (Day) (Year)

7-AGE, 81 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country). Littlestown Adams County Pa.

PARENTS.

10-NAME OF FATHER, Enoch Lefevre

11-BIRTHPLACE OF FATHER (State or Country), Littlestown Pa.

12-MAIDEN NAME OF MOTHER Catherine Shriver

13-BIRTHPLACE OF MOTHER (State or Country), Littlestown Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katherine L. Mans

(Address) 521 Norman ave.

15- Filed SEP 8 - 1926 Per 191 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept. 7th, 1926
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept. 1921, to September 7 1926 that I saw h.e alive on September 6 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis —
Myocardial Insufficiency

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Frank S. Handley M. D.

....., 191... (Address) 2512 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Littlestown Pa	Sept 9, 1926.
20-UNDERTAKER	ADDRESS
William Bark	502 E Natl Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13926

CERTIFICATE OF DEATH.

E 13926

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

2-FULL NAME Melvin E. Wilder

(a) RESIDENCE NO. Chucksa, Oklahoma St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 2/1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Corporal U.S.M.C. (duration) .....yrs. .....mos. .....ds.

(b) General nature of indastry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Oklahoma

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Oklahoma

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Oaklahoma

14 Informant Otto M. Pertsch

(Address) 1 south Gay St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6/26 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- Automobile accident

Scene- South Eden St

CONTRIBUTORY (Secondary) ..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Watts M. D.

(Coroner)

9/7/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. 3 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chickasha Oakholma Date of Burial Sept 8 1926

20 UNDERTAKER William Cook ADDRESS 502 E Nash

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Boardley.

115 In

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13927

CERTIFICATE OF DEATH

+12 E 13927

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Boardley -

(a) RESIDENCE NO. Mt Victoria Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col.

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): ~~Single~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Boardley

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 65 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm laborer

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Robert Crain

9 BIRTHPLACE (city or town) (State or country): Charles Co Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles Co Md

14 Informant: Robert Wells

(Address): Mt Victoria Charles Co Md

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1926. to Sept. 5, 1926.

that I last saw h alive on ..., 19...,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Benign Hypertrophy of the Prostate

~~Intermittent~~ yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W Blumpoey, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lothia Charles Co Md — DATE OF BURIAL: 9/8 1926

20 UNDERTAKER: Byron & Kugler — ADDRESS 1218 Mc Elderry St

SEP 8 1926 C. HAMPTON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13928

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Madawaska Av. St. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Schwartz

(a) RESIDENCE. No. 141 N. Exeter St. ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wh.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. (?)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Benj Schwartz

(Address) 141 N Exeter St

15 Filed SEP 8 - 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/8/26. 19

17

I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1926. to Sept. 8, 1926.

that I last saw h.e alive on Sept. 8, 1926.

and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis - General & Cerebral

Mitral Insufficiency

Cerebral Hemorrhage (36 hrs ?)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 141 N. Exeter St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. Means of death

(Signed) Harry Linden, M. D.

, 19 (Address) 2421 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	9/8 1926
20 UNDERTAKER Jack Lowe	ADDRESS 1918 E Baltimore

FROM 18 TO 20, IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

202 E 13929

E 13929
1-PLACE OF DEATH

REGISTERED NO.

24-1

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Langrehr. Jr.

(a) RESIDENCE NO. 1007 Sassafras Court. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----; ----

6 DATE OF BIRTH (month, day, and year) July 12, 1923.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	3	1	24 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles M. Langrehr Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lillian Phelps.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Charles M. Langrehr. (father)

(Address) 1007 Sassafras Court.

C. THAMPSON JONES, M. D.

Filed SEP 8 1926 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxia.
Blocking of Trachea, due to a peanut.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

9/7, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1007 Sassafras Court Sept. 6, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marley Cem. (A.G. Co. Date of Burial Sept. 9 1926

20 UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light St.

very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 13930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 13930

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Dolphin St. WARD) 17-1

2-FULL NAME Wallis Haywood

(a) RESIDENCE NO. 618 E Dolphin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer NO

9 BIRTHPLACE (city or town)
(State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas Daniel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Annie Haywood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant Annie Haywood
(Address) 618 Dolphin St. D.

15 Filed 1926 C. THOMPSON JONES, Jr. D.
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) H. T. Hynes, M. D.
(Coroner.)
9/6/26 (Address) 28 Redwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville

DATE OF BURIAL Sept 8 1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13931

CERTIFICATE OF DEATH.

100 001

E 13931

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1812 McHenry St. 14-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L. Long

(a) RESIDENCE NO. 1812 McHenry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	24	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William F. Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophie Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Sophie Long (Address) 1812 McHenry St.

15 Filed , 19 Per Registrar

C. HARRISON JONES, M. D.

FEB - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Sept 6, 1926, that I last saw h[illegible] alive on Sept 6, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 4 days mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope.

(Signed) Edwin T. Towers M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 8 1926

20 UNDERTAKER	ADDRESS
Harry H. Witzke	1531 W Lombard

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13932

CERTIFICATE OF DEATH.

D6-117 1-002 E 13932

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilfred Sullivan

(a) RESIDENCE NO. 120 Cherry Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-19-1911

7 AGE Years 15 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wilfred Sullivan Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Hebting

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Wilfred Sullivan

(Address) 120 Cherry ave.

15 Filed SEP 8 1926 C. HAMPSON JONES, M. D. Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-1926

17 I HEREBY CERTIFY, That I attended deceased from 8-31-26, 19, to 9-7, 19 26, that I last saw h[illegible] alive on 9-7-26, 19, and that death occurred, on the date stated above, at 6.35 P.m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal meningitis (not epidemic)

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 10 26

20 UNDERTAKER Harry H. Witzke — ADDRESS 1531 W. Lombard

TION is very important. See instructions on back of certificates.

E 13933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13933

CERTIFICATE OF DEATH.

19-2113

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE. (No. 1543 Cole St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Hill

(Residence in Baltimore: No. 1543 Cole St.; yrs. Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: May 19 (Month) (Day) 1926 (Year)

7-AGE: — yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto —

PARENTS.

10-NAME OF FATHER: Raymond Hill

11-BIRTHPLACE OF FATHER, (State or Country): Balto —

12-MAIDEN NAME OF MOTHER: Blanche Nash

13-BIRTHPLACE OF MOTHER, (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Hill

(Address) 1543 Cole St.

15- SEP 8 - 1926 C. HARRISON JONES, M.D. Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7 — 6 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero — Colitis

..... (Duration) ..... yrs. 3 Week mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. A. Horton M. D.

(Coroner)

Sept 8th 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, Sept 8 1926

20-UNDERTAKER, Margaret L. Flynn ADDRESS 1422 Light St.

It is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 13934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13934

E 13934

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1530 Baldwin St 13-3 Ward)

2-FULL NAME Kenneth Groft

(a) RESIDENCE NO. 1530 Baldwin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Croton Groft

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hazel Bowman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs Hazel Groft

(Address) 1336 Baldwin Street

Filed 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-8 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-7, 1926, to 9-8, 1926,

that I last saw h.i. alive on 9-8, 1926,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows: Acute Intestinal Indigestion

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Findings

What test confirmed diagnosis?

(Signed) J. N. Wilson M. D.

, 19 (Address) 823 N. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Zion Carroll Co. Sep 9 1926

20 UNDERTAKER ADDRESS

Chenoweth & Son 3617 Chestnut Ave

Fill all parts, and sign in ink. Be sure to answer every question. PENALTY FOR NEGLECT OF SECTION 14 very important. See instructions on back of certificates.

Spec.—J-10-21—M&T—1500 Bks.

E 13935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13935

1-PLACE OF DEATH Union Memorial Hospital.

REGISTERED NO. 27-2129

CITY OF BALTIMORE: (No. 33rd & Calvert Sts. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William J. Cook

(a) RESIDENCE NO. 5528 Ethelbert Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occ[illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. William J. Cook.

6 DATE OF BIRTH (month, day, and y[illegible] March 3 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance collector, retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mr. W. C. Brooks. 5528 Ethelbert Ave (Address)

15 Filed SEP 8 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8, 1926

17

I HEREBY CERTIFY, That I attended deceased from August 30, 1926, to September 8, 1926, that I last saw him alive on September 7, 1926, and that death occurred, on the date stated above, at 5 08 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis. Blood chemistry

(Signed) J. S. Price, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Sep 10 1926

20 UNDERTAKER Eberwein & Son — ADDRESS 367 Chestnut St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13936 E 13936

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

City of BALTIMORE: (No. 5101 Wayne ave St. 25 - K Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mae E. Crawford

(a) Residence No. 5101 Wayne ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, widowed Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Chumey M. Crawford

6-DATE OF BIRTH (month, day and year) May 6, 1875

7-AGE. 51 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... retered

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Penna

PARENTS.

10-NAME OF FATHER, E. G. Eberman

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Penna

12-MAIDEN NAME OF MOTHER, Frances Brawley

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Penna

14- (Informant) Paul V. Eberman

(Address) 5101 Wayne ave

15- C. HAMPSON JONES, M. D.

Filed 8 - 1926 Per RH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 7. 1926

17- I HEREBY CERTIFY, That I attended deceased from June 24 19.. to ..... 19.....

that I last saw h.. alive on Sept 7 19.. 26

and that death occurred, on the date stated above, at 6.48 P. m.

The CAUSE OF DEATH* was as follows:

Malignant Tumor of Rectum & Hepatic metastasis

Contributory

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Henry Russell, M. D.

Sept 7, 1926 (Address) 3902 Groveland ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Sandy Lake Penna | DATE OF BURIAL, Sept 9, 1926

20-UNDERTAKER, John O. Mitchell | ADDRESS 1201 W. Fayette St.

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13937.

CERTIFICATE OF DEATH.

E 13937

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3610 Clifton Ave. (St.) X5-5 (Ward) 29

2-FULL NAME Agnes Kerr Snyder

(a) RESIDENCE No. 3610 Clifton Ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Snyder.

6 DATE OF BIRTH (month, day, and year) Jany 29 1842

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Robert Kerr

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs. James L. Marriam (Address) 3610 Clifton Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1926

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1926, to Sept 7, 1926, that I last saw her alive on Sept 6, 1926, and that death occurred, on the date stated above, at 3-15 a. m.

The CAUSE OF DEATH was as follows:

Chr. Interstitial nephritis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile deterioration

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Dell, M. D.

, 19 (Address) Wyliesown Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL Sept 9 1926

20 UNDERTAKER John C. Mitchell — ADDRESS 1 W Lafayette

TION is very important. See instructions on back of certificates.

8 1926

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13938

90 E 13938

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Woodyear (St.) (Ward) 15-13

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Agnes Corcoran

(Residence in Baltimore: No. 1315 Woodyear St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmal.

4-COLOR OR RACE. W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Marrid

6-DATE OF BIRTH, Sept. (Month) 7 (Day) 1876 (Year) — Feb. 2 1854

7-AGE, 72 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Cornelius Kelly

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Husband) (Informant) James J. Corcoran

(Address) 1315 Woodyear St.

15-

Filed ... 8 - 1926

C. HAMPSON JONES, M. D. Registrar.

Per ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept. (Month) 7 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1926, to Sept 7 1926, that I saw her alive on Sept 5 1926, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) ... yrs. ... mos. 12 ds.

(Signed) C. D. Driscoll M. D.

Sept 8, 1926 (Address) 1211 Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Sept. 10, 1926

20-UNDERTAKER Martin Fahey & Sons — ADDRESS 847 W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 13939 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13939

89

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Vine ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Boltman

(a) RESIDENCE No. 1035 Vine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred hope mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, (or) WIFE of: Reece Parker

6 DATE OF BIRTH (month, day, and year): — — 1870

7 AGE: Years 56 | Months ? | Days ? | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Launders

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Lydia Boltman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Susie Boone

(Address) 116 N Carlton St

15 Date 1926 C. HAMPSON JONES, M. D.

, 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sep 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sep 4 , 1926 to Sep 5 , 1926.

that I last saw her alive on Sep 5 , 1926

and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. J. Howell M. D.

, 19 (Address) 1911 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Sept 9th 1926

20 UNDERTAKER: A. Jones

ADDRESS: N. I. S. Gilmor St

TION is very important. See instructions on back of certificates.

8

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13940 187-006 E 13940

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Genl Hosp. St. [illegible] Ward)

2-FULL NAME Grover Watson

(a) RESIDENCE NO. Colgate Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Watson

6 DATE OF BIRTH (month, day, and year) Sept 3 - 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42	—	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Wright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bedford Co

(State or country) Va

PARENTS

10 NAME OF FATHER Chas Watson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Sallie Haldron

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mrs Clara Watson

(Address) Fairfax & 7th Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Fracture of Pelvis Contused Abdomen

(duration) 6 hrs. min. ds.

CONTRIBUTORY (Secondary) Contusions & Femoral Hernia

(duration) yrs. mos. ds.

(Signed) C. C. Blades M. D.

(Coroner)

Sept 8 1926 (Address) 1432 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Thaxton Va — Date of Burial Sept 8 1926

20 UNDERTAKER John Ullrich — ADDRESS 2008 Orleans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13941

CERTIFICATE OF DEATH.

REGISTERED NO. 1926

1-PLACE OF DEATH Balto., Md.

CITY OF BALTIMORE: (No.) 1315 E. Madison ST. (WARD) E 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Blackwell

(a) RESIDENCE NO. 1315 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Irrie Blackwell

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Construction work

(c) Name of employer Mr. Spencer Littleton, N. C.

9 BIRTHPLACE (city or town) (State or country) Littleton, N. C.

PARENTS

10 NAME OF FATHER Lewis Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Littleton, N. C.

12 MAIDEN NAME OF MOTHER Vina Blackwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Littleton, N. C.

14 Informant Mrs. Irrie Blackwell

(Address) 1315 Madison St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1926, to Sept. 5, 1926, that I last saw h. alive on Sept. 5, 1926 and that death occurred, on the date stated above, at 3:10 P. m.

THE CAUSE OF DEATH* was as follows:

The Terminal Cause was Acute Endocarditis M. B. P. Secondary to Injury and Overwork

Angina Pectoris (duration) Unknown yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Rheumatism in L. Knee

High Blood Pressure (duration) yrs. 8 mos. 15 ds.

18 Where was disease contracted if not at place of death? At work

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas. N. Blake, M. D.

(Address) 1417 Jefferson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton N. C.

DATE OF BURIAL Sept 8 1926

UNDERTAKER Mrs J. G. Locks

ADDRESS 1302 Jeffer

FROM is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13942

CERTIFICATE OF DEATH.

2 2 E 13942

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1404 Darley Ave. St. 8-1 Ward)

2-FULL NAME HELEN CORMACK

(a) RESIDENCE NO. 1404 Darley Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug 13, 1922.

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
4	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Alfred E Cormack

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Ada J. Welsh

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Alfred E Cormack (Address) 1404 Darley Ave

15 Filed SEP 8 1926 C. HAMPSON JONES, M. D. Registrar

Per Act

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sep 6, 1926, to Sep 7, 1926, that I last saw h[illegible] alive on Sep 7, 1926, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis (Infantile Paralysis)

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Chuck Abercrombie M. D.

9/8/26 (Address) 3524 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Date of Burial Sept 9 1926

20 UNDERTAKER Wm Cook's ADDRESS 502 E Nall

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13943

CERTIFICATE OF DEATH.

E 13943

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-1 Ward)

2-FULL NAME Louis A. Randall

(a) RESIDENCE NO. Clarksville, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 14/1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....brs. or.....min.
	4	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Howard Co. Md

PARENTS

10 NAME OF FATHER: Louis A. Randall

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Howard Co., Md

12 MAIDEN NAME OF MOTHER: Martha Lewis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Wash. D.C.

14 Informant: Louis A. Randall Jr.

(Address): Clarksville, Md

15 Filed ..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7th 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia-Septicemia-Stomatitis

(Autopsy at Hopkins)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... mos. ..... ds.

(Signed) J. S. Bates M. D.

(Coroner)

9/8/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Date of Burial: Sept 9 19 26

20 UNDERTAKER: Easton Sons & Ellicott City ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13944 E 13944

CERTIFICATE OF DEATH.

28-V 1-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Bailey

(a) RESIDENCE NO. 4406 Wentworth Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married-

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs John T. Bailey

6 DATE OF BIRTH (month, day, and year) 12/8/1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman- 066

(b) General nature of industry, business, or establishment in which employed (or employer) Traveling

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliz. Deatil

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Wife (Address) as above

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/28, 1926, to 9/7, 1926, that I last saw him alive on Sept 7, 1926, and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Toxemia + Cardiac Decompensation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm A Jamieson M.D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Sept 1926

20 UNDERTAKER Wm Tickner Sons ADDRESS North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13945 E 13945

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Woodbourne Ave ST., 27-7 WARD

2-FULL NAME Marguerite S. Livingston

(a) RESIDENCE NO. 504 Woodbourne Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. Norris Livingston

6 DATE OF BIRTH (month, day, and year) April 6 1894.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Howard W. Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Corinne V. Meredith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Petersburg Va

14 Informant Howard W. Garrett Father (Address) 504 Woodbourne Ave

15 Filed 9-7 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1923, to Sept 6th, 1926, that I last saw her alive on Sept 6th, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 10 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) L. L. Gordy M. D.

Sept 7, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery DATE OF BURIAL Sept 9 1926

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. Northern

TION is very important. See instructions on back of certificates.

E 13946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13946

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 250 North Pearl Street St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Frederick Funk

(Residence in Baltimore: No. 250 North Pearl Street St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: March 23, 1867 (Month) (Day) (Year)

7-AGE: 59 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watch-maker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: Augustus Funk

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Amelia Klein

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Funk

(Address) 250 North Pearl Street

15- Filed 8-1926 192 Per C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: September (Month) 7 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension

Angina Pectoris

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harold S. Truitt M. D. (Coroner)

Sept. 8 1926 (Address) 332 S. Patterson Pk. Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: Sept 9" 1926

20-UNDERTAKER: Joseph S. Cook ADDRESS: 1003 N. Dallas St.

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13947.

CERTIFICATE OF DEATH.

129 E 13947

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Eutaw Place St.; 14 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Culverhouse

(Residence in Baltimore: No. 1901 Eutaw Place St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: December 17, 1853 (Month) (Day) (Year)

7-AGE: 72 yrs. 8 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Plymouth England.

PARENTS.

10-NAME OF FATHER: John Culverhouse

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Elizabeth Sterne

13-BIRTHPLACE OF MOTHER (State or Country): England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): J. H. Culverhouse M.D.

(Address): 1901 Eutaw Place

15-

Filed 8-1926 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 7th, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1926, to Sept 7th 1926, that I saw ~~him~~ alive on Sept 7th 1926, and that death occurred, on the date stated above, at 4 1/2 m.

The CAUSE OF DEATH* was as follows:

Endocarditis +

Chr. Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia Cardiac Collapse Senility

(Duration) yrs. mos. ds.

(Signed) J. H. Culverhouse M. D.

9/7, 1926 (Address) 1901 Eutaw Pl

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL: Sept 9, 1926

20-UNDERTAKER: Wood & B. Cook ADDRESS 1003 N. Calvert St

Important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13948 — CERTIFICATE OF DEATH. — E 13948

1-PLACE OF DEATH Md. Gen. Hospital — REGISTERED NO. 165

CITY OF BALTIMORE: (No. 2229 Poplar Grove ST., 15-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix D. de Royallieux Jr.

(a) RESIDENCE No 2229 Poplar Grove ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia de Royallieux

6 DATE OF BIRTH (month, day, and year) Dec 23/1891

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) 109
(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Felix D. de Royallieux

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Rose Norloff

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Virginia de Royallieux
(Address) 2229 Poplar Grove

15 Filed 8-1926, 192 C. HAMPSON JONES, M. D., Registrar
Per Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gunshot Wound (Poison)
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) D. J. Kenney, M.D. (Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cremation — DATE OF BURIAL 9/9. 192 6

20 UNDERTAKER Bertram W. Gore — ADDRESS Lafayette

Cor.—1-12-23—M&T—100 Bks.

E 13949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13949

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1807 N. Appleton ST. 15-12 WARD)

2-FULL NAME William Graham.

(a) RESIDENCE NO 1807 N. Appleton ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Graham

6 DATE OF BIRTH (month, day, and year) May 31-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	5 6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 009
(c) Name of employer City Hall

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Richard Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Son Harry A. Graham
(Address) 2661 W. North Ave

15 Filed ..... 192 C. HAMPSON JONES, M. D.
8 - 1926 Per RKH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
(accidental)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Fall down stairs
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Neuress, M. D.
(Coroner.)
9/7, 192 (Address) 1700 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Sept. 9 192 6
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons,	857 W. North Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13950 129 **E 13950**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 425 Annapolis Ave. 25-7 Ward)

2-FULL NAME Ferdinand A. Korge

(a) RESIDENCE NO. 425 Annapolis Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 4/19/80.

7 AGE — Years: 46 | Months: 3 | Days: 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 09

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: F. A. Korge

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs. K. Korge

(Address): 425 Annapolis Ave

15 Filed 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1926, to Sept. 6, 1926, that I last saw him alive on Sept. 6, 1926, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Unknown (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. S. Broome M. D.

, 1926 (Address) 1-35 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: 9/9 1926

20 UNDERTAKER: A. J. Lakey & Sons — ADDRESS: 1318 Eight

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 1395P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1395P

CERTIFICATE OF DEATH.

15-13129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 N. Stricker ST. WARD)

2-FULL NAME Charles Howard.

(a) RESIDENCE NO. 1516 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Howard

6 DATE OF BIRTH (month, day, and year) Aug 22 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	41	—	—	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Peter Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rachel Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Amanda Hill.

(Address) 1516 N. Stricker St

15 Filed 8 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1926, to Sept 6th 1926, that I last saw h— alive on Sept 6th 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

with Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) Harry F. Brown, M. D.

Sept 8th, 1926 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carburn Cem DATE OF BURIAL Sept 9th 26

20 UNDERTAKER Daniel Easter ADDRESS 716 Pe ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13952

CERTIFICATE OF DEATH.

E 13952

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1352 Cleveland St. WARD)

2-FULL NAME Irving Nickerson

(a) RESIDENCE No. 1352 Cleveland St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8/923

7 AGE Years 1 Months 1 Days 8 If LESS than 1 day, hrs. or min.

13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Wm Nickerson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Roberta Williams
(Address) 1352 Cleveland St

15 Filed 8-1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/8/1926

17 I HEREBY CERTIFY, That I attended deceased from 9/1/26, 19, to 9/8/26, 19, that I last saw h alive on 9/8/26 and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Septic Infection

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Abscess Parotid gland

(duration) yrs. mo. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Dorsey, M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 19 26

20 UNDERTAKER Daniel Easton

ADDRESS 84 Lee

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13953

CERTIFICATE OF DEATH.

90

E 13953

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 Rose Hill Terrace St., 91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Thompson

(a) RESIDENCE NO. 518 Rose Hill Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Thompson

6 DATE OF BIRTH (month, day, and year) May 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mome

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER James Linges

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Burton

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant John Thompson

(Address) 518 Rose Hil Terrace

15 Filed SEP 9 1926 H. HANSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Chronic)

(daration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(daration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Patterson M. D.

(Coroner)

9/8/26 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 9/9 1926

20 UNDERTAKER J. J. Moran ADDRESS 3000 E Baltimore

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 13954 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13954

CERTIFICATE OF DEATH.

113

REGISTERED NO. 29-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5127 Riverstown ST., 29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peggy Lee Chenoweth

(a) RESIDENCE NO. 5127 Riverstown Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 10 1926

7 AGE: Years — Months: 5 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: G. T. Chenoweth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland Balto Co

12 MAIDEN NAME OF MOTHER: Eva Rote

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County

14 Informant: G. T. Chenoweth

(Address): 5127 Riverstown Rd

15 Filed , 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 8/26 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Sept 8, 1926,

that I last saw h[illegible] alive on Sept 7, 1926,

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pleo Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pleo Colitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical

(Signed) W. S. Willett, M. D.

Sept. 9, 1926 (Address) 2220 Jarrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Chapel — DATE OF BURIAL: Sept 9, 19 26

20 UNDERTAKER: R S Marshall — ADDRESS: 3539 Fall Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13955

CERTIFICATE OF DEATH.

90 E 13955

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Louden Avenue ST. 15-4 WARD)

2-FULL NAME Linwood W. Collins

(a) RESIDENCE NO. 2804 Louden Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds. (If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Magruder

6 DATE OF BIRTH (month, day, and year) Mar. 5, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5 6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Security L. I. Co.

9 BIRTHPLACE (city or town) Centreville

(State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Jackson Collins

11 BIRTHPLACE OF FATHER (city or town) Dorchester

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Webster

13 BIRTHPLACE OF MOTHER (city or town) Dorchester

(State or country) Maryland

14 Informant Mrs. Mary E. Collins

(Address) 2804 Louden Avenue

15 Filed Sep 9 1926 (19) G. HAMPSON JONES, M. D. Registrar

By K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug-6, 1926, to Sept 7th, 1926, that I last saw him alive on Sept 7, 1926, and that death occurred, on the date stated above, at 430 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio Sclerosis. Nausea & Vomiting

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Palpation

What test confirmed diagnosis? Auscultation & Palpation

(Signed) G. Hampson Jones M. D.

Sept 8. 1926 (Address) 4802 Roslyn Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 9/9 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N Calvert St

Spec.—1-10-21—M&T—1500 Bks.

E 13956

E 13956

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 / 1926 62 1263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1031 N Stockton St., 16-6 (WARD)

REGISTERED NO. 1263

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chestnut Goldsmith

(a) RESIDENCE NO. 1031 N Stockton St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Goldsmith

6 DATE OF BIRTH (month, day, and year): Nov 1863

7 AGE: Years 62 Months 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mollie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Maud Crosby

(Address): 923 N Carey St.

15 Filed: Sept 9 1926 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 7, 1926, that I last saw him alive on Sept 6, 1926 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tonsilitis Lobar

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. N. Hinton, M. D.

Sept 9, 1926 (Address) 712 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn DATE OF BURIAL Sept 10 1926

20 UNDERTAKER: Clarence E. Wright ADDRESS 1364 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13957.

CERTIFICATE OF DEATH.

90 E 13957.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 432 N. Grant St. St.; 51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Miller

(Residence in Baltimore: No. 432 N. Grant St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, ... (Month), 1 (Day), ... (Year)

7-AGE, 77 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Miller

(Address) Grant & Bond

15- Filed SEP 9 1926, 191.... C. THOMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cer. dis. heart

Senile atrophy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner.)

Sept 8, 1926 (Address) 1039 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, Sept 9th, 1926

20-UNDERTAKER Leo G. Cook ADDRESS 1723 Patt Pk Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—506 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13958

CERTIFICATE OF DEATH.

45 E 13958

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. 21-27

CITY OF BALTIMORE: (No. Raynor and Dukeland ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valerjonas Strasdauskas

(a) RESIDENCE No. 902 Bayard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 031

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Juras Strasdauskas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Marcijona Dargote

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Anthony Strasdauskas

(Address) 902 Bayard St.

15 Filed SEP 9 - 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/5 19 26

17

I HEREBY CERTIFY, That I attended deceased from 8/31, 19 26 to 9/5, 19 26,

that I last saw him alive on 9/5, 19 26,

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & X-ray

(Signed) Benjamin Miller, M. D.

19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept. 11 1926
20 UNDERTAKER John A. Gretham & Son	ADDRESS 423 S. Paca St

TION is very important. See instructions on back of certificates. ...property, Chapter... EXACT STATEMENT OF OCCUPA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13959 Carroll 74-001 E 13959

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1118 ~~Cole~~ St X St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Ann Myers

(Residence in Baltimore: No. 1118 ~~Cole~~ Carroll St.; yrs. ..... mos. ..... ds.)

Registered No. C.....

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Aug (Month) 11 (Day) 1850 (Year)

7-AGE: 72 yrs. 26 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS:

10-NAME OF FATHER: Geo. W. White

11-BIRTHPLACE OF FATHER, (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Sarah Penn

13-BIRTHPLACE OF MOTHER, (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles J. Myers

(Address) 1118 ~~Cole~~ Carroll St

15- Filed ..... 194.. Per ..... Registrar.

ERO - 1926 HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 7 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. D. Norton M. D.

(Coroner.)

Sept 8 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holland Lane DATE OF BURIAL: Sept 10 1926

20-UNDERTAKER: Wm Cook ADDRESS: 502 E North Ave.

THE CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13960

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 13960

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) c Baltimore City Hospitals (ST.) 16-6 (WARD)

2-FULL NAME William Travers

(a) RESIDENCE NO. 629 Mosher st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland ?

12 MAIDEN NAME OF MOTHER Mamie Travers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed SEP 1 1926 19 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1926, to Sept. 6, 1926, that I last saw him alive on Sept. 6, 1926, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tb.
Tuberculous Enteritis
Laryngitis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatling M. D.

9-6-1926 (Address) Baltimore city Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt auburn ct

DATE OF BURIAL Sept 9 1926

20 UNDERTAKER L. L. Brown & Son

ADDRESS 108 W. Monty SX

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 1396

CERTIFICATE OF DEATH.

E 1396

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2220 Essex St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Magan

(a) RESIDENCE NO. 2220 Essex St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 15 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~, Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 15 1824

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Poland

(State or country)

PARENTS

10 NAME OF FATHER Jonas Mucha

11 BIRTHPLACE OF FATHER (city or town): Poland

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town): Poland

(State or country)

14 Informant Mrs. Chas Magan

(Address) 1861 Aisquith St

Filed SEP 9 - 1926, 19__ C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sep 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1926, to Sept 7 1926,

that I last saw h__ alive on Sept 4 1926,

and that death occurred, on the date stated above, at 8 A.m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(a) Hypertrophy — Cardiac

(b) Dilatation (duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Auricular Dilatation

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) C. Hampson Jones M. D.

9-9-1926 (Address) 600 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary cem — Date of Burial: Sep 10 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank St

GIVE ADDRESS OF CEMETERY, CREMATORY, ETC. ABBREVIATIONS DESIRED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13962

CERTIFICATE OF DEATH.

E 13962

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mami Davis

(a) RESIDENCE NO. Sparrows Pt Route 10 Box 14 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marine

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 25 Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): S. Car -

(State or country)

PARENTS

10 NAME OF FATHER: Vance Gibbs

11 BIRTHPLACE OF FATHER (city or town):

(State or country): S. Car

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Record.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES Registrar

SEP 9 - 1926

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 26th, 1926, to Sept 7th, 1926, that I last saw her alive on Sept. 7th, 1926, and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

1 Typhoid fever

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Sparrows point?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Blood culture

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Camerlin S.C. Date of Burial: Sept 9 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1725 Eastlandave

DO NOT FAIL TO CAREFULLY FILL OUT. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 13963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13963

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 W Barre St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hutchins

(a) RESIDENCE NO. 424 W Barre St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER James Hutchins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mat Dawson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant James Hutchins

(Address) 424 W Barre St.

SEP 9 - 1926 C. HAMPSON JONES

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6 192 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Perforation taken

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Daniel Wilson M. D.

(Coroner)

, 192 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Sept 9 1926

20 UNDERTAKER Miss Ida Snowden ADDRESS 1708 E Madison

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY.

Spec.—1-12-23—M&T—500 Bks.

E 13964 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 13964

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Fostorave ST., 16-5 WARD)

2-FULL NAME Charles B. Stokes

(a) RESIDENCE No. 3211 Fostorave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stokes

6 DATE OF BIRTH (month, day, and year) Dec 27, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72.	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary E. Stokes (Address) 3211 Fostorave

15 Filed ....., 19.... Registrar

CAMPSON JONES, M. D.

SEP 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Sept 8, 1926

that I last saw h alive on Sept 8, 1926

and that death occurred, on the date stated above, at 5-30 4 m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rysan M.D.

Sept 8th (Address) 8 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn. DATE OF BURIAL Sept 9 1926

20 UNDERTAKER Wendell Hipp ADDRESS 300 Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13965

CERTIFICATE OF DEATH.

113 E 13965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 Whatson ST. 166 WARD)

2-FULL NAME Mildred Kinney

(a) RESIDENCE NO. 114 Whatson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 11 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) (None)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. E. Kinney

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ella Horsey

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Clara Horsey
(Address) 114 Whatson

15 Filed ..... 192 C. HAMPSON JONES, M. D.
Per R. C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uro-Colitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.
(Coroner.)
9/7, 192 4 (Address) 1700 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 9 1924
20 UNDERTAKER Virginia A. Brooks	ADDRESS 1463 N Caroline St

TION is very important. See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13966

CERTIFICATE OF DEATH.

118-001

REGISTERED NO. E 13966

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Cousins

(a) RESIDENCE NO. 822 N. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~female~~

4 Color or Race: col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9/1882

7 AGE — Years: 44 (43) — Months: 11 — Days: 29 — IF LESS than 1 day.....brs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife (37)

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A.A.Co., Md

PARENTS

10 NAME OF FATHER: Perry Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Brogden (Address) 822 Calhoun St.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Sept 8/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Odema Lungs-Intestinal Obstruction

Strangulated hernia

(Autopsy at Hopkins)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) H. H. Bates M. D. (Coroner)

9/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial 9/9/26

20 UNDERTAKER: Samuel T. Kemerley & Bro. ADDRESS 578

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 9 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13967.

CERTIFICATE OF DEATH.

E 13967.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp 21-3 Ward) 129

2-FULL NAME Bernard F Coolahan

(a) RESIDENCE NO. 857 Washington Blvd Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Coolahan

6 DATE OF BIRTH (month, day, and year) Oct 7th 1885

7 AGE	Years	Months	Days
	40	10	30

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car builder

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R Co

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John F Coolahan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Kath Fagan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Lena Coolahan

(Address) 857 Washington Blvd

Filed SEP 9 - 1926, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 6

9/6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Levin M. D.

(Coroner)

, 192 6 (Address) 3325 Pitts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Date of Burial Sept 10 1926

20 UNDERTAKER John F Lawan & Son ADDRESS 901 Hollins St

C. HAMPSON JONES, M. D.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13968

CERTIFICATE OF DEATH.

90 E 13968

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1703 Brunt St. 14-1 Ward)

2-FULL NAME John L. Johnson

(a) RESIDENCE NO. 1703 Brunt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Johnson

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 020

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Saloon

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Josephine Johnson

(Address) 1763 Brunt St

ANDERSON-JONES, INC.

15 Filed ....., 19 SEP 9 - 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) C C Yates, M. D.

Sept 7 1926 (Coroner)

(Address) 1431 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Carmel — Sept 10 1926

20 UNDERTAKER — ADDRESS

Robert E Wilson — 1515 McCulloh St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13969

CERTIFICATE OF DEATH.

E 13969

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE; (No. 1320 Mynttle ave St. 7-1 Ward)

2-FULL NAME Martha Emory

(a) RESIDENCE NO. 1320 Poyntle ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Unknown

14 Informant Annie Turner
(Address) 1009 Poyntle ave.

15 Filed C. HAMPSON JONES, M. D. Registrar
Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____

(duration) ....yrs. ....mos. ....ds.

(Signed) _____ M. D.
(Coroner)

9/8 1926 (Address) 2802 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Sept 9, 1926.

20 UNDERTAKER Samuel T Hemby ADDRESS 578 Wilkens ave

SEP 9 1926

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13970

CERTIFICATE OF DEATH.

+ 97-902

E 13970

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp't. ST. 11-2 WARD)

2-FULL NAME Ernest Sterling

(a) RESIDENCE NO. Crisfield Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Sterling

6 DATE OF BIRTH (month, day, and year) Oct. 1-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	50	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

PARENTS

10 NAME OF FATHER David Sterling

11 BIRTHPLACE OF FATHER (city or town) Somerset (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Horsey

13 BIRTHPLACE OF MOTHER (city or town) Som. Co. (State or country) Md.

14 Informant Wife (Address) as above.

15 Filed Sept 9 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1926, to Sept 9, 1926, that I last saw him alive on Sept 9, 1926, and that death occurred, on the date stated above, at 11 19 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/8/26.

Was there an autopsy? No. Cut + probe sinus.

What test confirmed diagnosis? Clinical

(Signed) C. C. Jamison, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md — DATE OF BURIAL Sept 9 1926

20 UNDERTAKER Harry M Cumacost + Son — ADDRESS Ridgewood Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

P9 - 1926

Cor.—12-9-25—A Co.—200 Bks.

E 1397 | HEALTH DEPARTMENT—CITY OF BALTIMORE | E 1397

CERTIFICATE OF DEATH.

5-2 129

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Jefferson & Spring Sts~~ St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph Crawley

(a) RESIDENCE NO. 339 Fprrest St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Joe Anderson

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Portsmouth Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Daisy Smith

(Address) ~~339 Forrest St~~

Filed SEP 9 - 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 7/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

CardiacFailure-Probably Chr Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Apcoholism

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Watts, M. D.

(Coroner)

9/9/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Byrom Wright	Sept 9th 1926
20 UNDERTAKER	ADDRESS
Asbury Cemetery	Mcelderry st

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CA... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

(Cantrell)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13972

CERTIFICATE OF DEATH.

E 13972

90

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Curley Cantrell

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Tenn

PARENTS

10 NAME OF FATHER Moses Cantrell

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Susan - ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Tenn.

14 Informant City Hospital Records

(Address)

15 Filed 1926, 19 C. HAMPSON JONES, M. D.

Per RKB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1926

17

I HEREBY CERTIFY, That I attended deceased from April 8, 1926, to Sept 6, 1926, that I last saw h... alive on Sept 6, 1926, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial Insufficiency

Pulmonary Infection ?

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ___ yrs. ___ mos. 10 ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? no Date of_____

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) R. Hooper Lynch, M. D.

Sept 6 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Sacred Heart	9/9 1926
20 UNDERTAKER	**ADDRESS**
J. J. Daly Sons	1218 Light St

P9

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 13973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 13973

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Griffin

(a) RESIDENCE No. 3608 Old York Rd. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Edward L.

6 DATE OF BIRTH (month, day, and year) Aug 13, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36		26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Robt. Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edw. Griffin (Address) 3608 Old York Rd

15 Filed 9 - 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9-1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1926, to Sept. 9, 1926, that I last saw h e alive on Sept 8, 1926 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Syphilis Card. Vascular Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Thomas Kelly, M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL 9/11 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

9 - 1926

Spec.—1-10-21—M&T—1500 Bks.

E 13974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13974

CERTIFICATE OF DEATH.

REGISTERED NO. 1179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Bentalou, ST. 16-5 WARD)

2-FULL NAME Mrs Eliz. A. Krempel,

(a) RESIDENCE No. 816 N. Bentalou, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Franz Krempel,

6 DATE OF BIRTH (month, day, and year) June 5, 1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Maine.

PARENTS

10 NAME OF FATHER Chas. Thompson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Bridget Considine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Alice Tregler.

(Address) 816 N. Bentalou St

15 9 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1926, to Sept 7th, 1926, that I last saw her alive on Sept 7th, 1926, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine Analysis etc.

(Signed) J. Chas. Norton, M. D.

9/9/26 (Address) 888 N. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Sept 9th 1926.

20 UNDERTAKER Mary A. Smith

ADDRESS 2800 Raynor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13975

E 13975

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. ~~23~~ 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Drewanz.

(a) RESIDENCE NO. 935 Bevan St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Drewanz.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Way Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Drewanz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nina ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Rose Drewanz

(Address) 935 Bevan St

Filed SEP 10 1926, 19 C. HAMPSON JONES, M. D.

Per GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1926, to Sept. 9, 1926,

that I last saw him alive on Sept 8, 1926,

and that death occurred, on the date stated above, at 12 05 a m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene Right foot.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug. 25, 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. Dayrock, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 11 19 26

20 UNDERTAKER Franklin W. Seitz — ADDRESS 709 W 32 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should take

Cor.—12-9-25—A Co.—200 Bks.

E 13976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 13976

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 E. Chase St., 7-3 Ward)

2-FULL NAME Geo. Schmidt

(a) RESIDENCE NO. 601 N. Kenwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6 DATE OF BIRTH (month, day, and year) Mar 26 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Architect

(b) General nature of indnstry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. G. Schmidt

(Address) 601 N. Kenwood

15 Filed SEP 10 1926 19 C. HARRISON JONES, M. D. Registrar

Per GKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic valv. dis. heart

Acute Cardiac Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

(Signed) C. Harrison Jones M. D.

(Coroner)

Sept 8, 1926 (Address) 1059 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State 4 yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — Date of Burial Sept 11 1926

20 UNDERTAKER John Merritt — ADDRESS 2008 Orleans St.

WHITE PAPER, WITH CHEMICALS FOR THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 13977 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13977

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Clift Kinsale St., WARD 31)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes · Mary · Lind

(a) RESIDENCE No. 1405 Clift Kinsale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Lind

6 DATE OF BIRTH (month, day, and year) Dec 10. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Butz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Margaret Butz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Louis Lind
(Address) 1405 Clift Kinsale ave

15 Filed SEP 10 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per L Lauer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-8 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1- 1926 to Sept 8 1926.

that I last saw her alive on Sept 8 1926

and that death occurred, on the date stated above, at 3-30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Inanition-

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum analysis

(Signed) E Gill Hall M. D.

Sept 9. 1926 (Address) 1631 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem	Sept. 11 1926
20 UNDERTAKER	ADDRESS
Geo. J. Rust	1735 Hanford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13978

CERTIFICATE OF DEATH. 100-001

E 13978

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore ST., 20-1 WARD)

2-FULL NAME Charles Smith

(a) RESIDENCE NO. 272 Loudon Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

1872

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Factory work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals (Address) Baltimore, Md

15 Filed SEP 10 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from August 17, 1926, to Sept. 7, 1926, that I last saw him alive on September 7, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis, Depressed phase

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Tredsmith M. D.

9-2-1926 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL LOUDON PARK CEM

DATE OF BURIAL Sept 10th 1926

20 UNDERTAKER Robert Brookes Son

ADDRESS 1st Calhoun Holland St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 13979

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH E 13979

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 510 Burgundy ST. 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hawkins

(a) RESIDENCE NO. 516 Burgundy ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6 DATE OF BIRTH (month, day, and year) 9-4-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Baby				

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Baby

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Daly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

Per .....

SEP 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-4, 19 26, to 9-4, 19 26,
that I last saw h[illegible] alive on 9-4, 19 26,
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eva F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

HARRISON JONES, M. D.

UNIVERSITY OF MARYLAND.

UNIVERSITY OF MARYLAND.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 13980

CERTIFICATE OF DEATH.

E 13980

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hall

(a) RESIDENCE NO. 1008 Calhoun St St. Ward N. L. H. 4

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	B	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 12, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			3 weeks	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER ? Hall

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant I. Ridgeway Trimble

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Sept. 6, 1926

Per [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Sunday Sept. 5

17

I HEREBY CERTIFY, That I attended deceased from 10 P.M. Sept. 4, 1926, to 5 A.M. Sept 5, 1926

that I last saw h.er. alive on 12:30 A.M Sept 5, 1926

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage
probably as a result of birth
injury

(duration) .....yrs. .....mos. 21 ds.

CONTRIBUTORY
(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted
If not at place of death? during birth

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Finding of clot clotted blood & fluid blood on brain

Signed Thos W Ridgeway Trimble, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

JOHNS HOPKINS HOSPITAL 19

20 UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

EDWARD JAMPSON JONES, M. D.

SEP 10 1926

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13981

CERTIFICATE OF DEATH.

133 E 13981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 E. Lombard ST., 266 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William I. Reynolds

(a) RESIDENCE No. 3606 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Reynolds

6 DATE OF BIRTH (month, day, and year) Aug. 29-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	82	-	9 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elliott City, Md

PARENTS

10 NAME OF FATHER Dennis Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Mary E. Diffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Guy I. Reynolds

(Address) 3606 E. Lombard St.

15 Filed SEP 10 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Sept 8, 1926, that I last saw him alive on Sept 7, 1926 and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Purulent Cystitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Fiton M. D.

9/9, 1926 (Address) 315 S Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Sept. 11 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill

Spec.—12-9-25—A Co.—200 Bks.

Over 2827 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 13982

49 **E 13982**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2816 Guilford Ave St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Ellsworth Wheeler

(a) RESIDENCE NO. 2816 Guilford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie D. Evans

6 DATE OF BIRTH (month, day, and year): Dec 5 1868

7 AGE: Years 57 | Months 9 | Days 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: N. Y. Life.

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Calvert Wheeler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Emma E. Butler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs. Nettie Wheeler

(Address) 2816 Guilford Ave

Filed SEP 10 1926 C. HAMPSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1925, to Sept 9th, 1926

that I last saw him alive on Sept 9th, 1926

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

about (duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Exploratory Date of 9/5/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clement J. Sloan, M. D.

, 19 (Address) 2827 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Sept. 11 1926

20 UNDERTAKER: William Cox ADDRESS: 502 E. Fayette

THE WHITE BLANK, WITH CARBON PAPER BACK OF THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13983

CERTIFICATE OF DEATH.

97-007

E 13983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 20th WARD)

2-FULL NAME Miss Lucy Murrell

(a) RESIDENCE NO. 2544 W. Pratt St. ST., 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 4th 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	12	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School (student)

(b) General nature of industry, business, or establishment in which employed (or employer) ——— 000

(c) Name of employer ———

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Clarence Murrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Clarence A. Murrell

(Address) 2544 W. Pratt St

15 Filed SEP 10 1926 19 C. HAMPSON JONES, M. D. Registrar

Per P.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1926 to Sept. 8, 1926, that I last saw her alive on Sept. 8, 1926 and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

As sequela of Cerebral Sinus Thrombosis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/8/26

Was there an autopsy? Yes

What test confirmed diagnosis? Neurological & Laboratory

(Signed) H. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Sept 11 1926

20 UNDERTAKER F. A. Wehrheim ADDRESS 1850 N. Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13984

CERTIFICATE OF DEATH.

E 13984

188-003

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at the

City of BALTIMORE: (No. South Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earle B. Fox.

(a) RESIDENCE NO. 2 Taney Ave. Annapolis Md. St. 24-1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, HUSBAND of Ruth Fox.

6 DATE OF BIRTH (month, day, and year) May 21, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Professor Post Graduate School

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Naval Academy.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Michigan,

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Margaret Fox. (daughter)

(Address) 2 Taney Ave. Annapolis Md.

15 Filed SEP 10 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 9, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries. Caught under an automobile which he was operating, skidding and overturning.

Accidental death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

Otto M. Pemberton M. D.
(Coroner)

9/10 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Accident at Glen Burnie O.A.Co. Md. September 9 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md Date of Burial Sept 10 1926

20 UNDERTAKER Jas. S. Taylor & Sons ADDRESS Annapolis Md

(WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13985

CERTIFICATE OF DEATH.

44 E 13985

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Arthur

(a) RESIDENCE No. 581 Lawrens St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Arthur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lavinia Fielding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed Sept 10 1926 C. HAMPSON JONES, M. D. Registrar

Per

SEP 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7 1926

17 I HEREBY CERTIFY, That I attended deceased from August 31, 1926, to Sept. 7, 1926, that I last saw h.m alive on Sept 7, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? genual & laboratory

(Signed) R Hooper Smith M. D.

Sept 10 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 11 1926

20 UNDERTAKER Sam W Coale Son — ADDRESS 1400 Mad Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 13986

E 13986

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 129

1 PLACE OF DEATH
~~County~~ Baltimore
~~Milligrove~~ City Baltimore (No. Home for Incurables Ward) 72-4
If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs - Sarah Morgan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH: Dec. (Month) 1- (Day), 1841 (Year)

7 AGE: 84 — 84 yrs. 9 mos. 8 ds. | If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business, or establishment in which employed or (employer) ~~Odd~~

9 BIRTHPLACE (State or country) New York City

PARENTS
10 NAME OF FATHER Edward Hughes
11 BIRTHPLACE OF FATHER (State or country) Ireland.
12 MAIDEN NAME OF MOTHER Agnes ? Kelley
13 BIRTHPLACE OF MOTHER (State or country) Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Home for Incurables
(Address) 40th St. & Cedar Ave

15 Filed SEP 10 1926 192 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 9 1926 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 15 1925 to Sept 8 1926, that I last saw her alive on Sept 8 1926, and that death occured on the date stated above, at 2 P. m.

The CAUSE OF DEATH * was as follows:

Uremia Complicating
Chronic Interstitial Nephritis (Duration) ___ yrs. ___ mos. 20 ds.
Contributory Secondary Arteriosclerosis - over (Duration) 2 yrs. — mos. — ds.

(Signed) Wm J Mayo M. D.
Sept 9 1926 (Address) Baltimore, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death — yrs. 17 mos. — ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted, if not at place of death? —
Former or usual residence Baltimore Md

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept. 11, 1926

20 UNDERTAKER Robt J Turner Jr — ADDRESS 1442 N Broadway

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13987

CERTIFICATE OF DEATH.

109-002

E 13987

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. SYDENHAM HOSPITAL ST., WARD)

2-FULL NAME Lewis Norris

(a) RESIDENCE NO. 417 Railroad Ave. Towson ST. 9-2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Non Resident yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 0&0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Towson

PARENTS

10 NAME OF FATHER Thomas Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford County

12 MAIDEN NAME OF MOTHER Grace Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co.

14 Informant Grace Norris

(Address) Towson Md

15 Filed SEP 10 1926 E. P. [illegible] Registrar

Ref. R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1926, to Sept 9, 1926, that I last saw him alive on Sept 9, 1926, and that death occurred, on the date stated above, at 7 05 p m.

The CAUSE OF DEATH* was as follows:

Septic Sore throat

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

9/10, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rest Towson

DATE OF BURIAL Sept 11 1926

20 UNDERTAKER John Burns Sons

ADDRESS Towson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Kilfoyle 21

E 13988

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Residence

CITY OF BALTIMORE: (No.) Ivy Forest Ave - Oakland ST. (Rd.) WARD)

2-FULL NAME John Bernard Brown.

(a) RESIDENCE. NO. Forest Ave Oakland ST. Rd WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? 37 yrs. 6 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maude L. Brown

6 DATE OF BIRTH (month, day, and year) May 1 - 1889.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37 - 37.	6	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Discount Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John W. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carrol Co. Md.

12 MAIDEN NAME OF MOTHER Alice A. Abbott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carrol Co Md.

14 Informant (Address) Walter A. Brown 2944 Winchester St.

15 Filed SEP 10 1926, 19 C. F. [illegible] Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1926, to Sept 8, 1926.

that I last saw him alive on Sept 6 1926

and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis - (advanced).

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) T.B. Pleurisy - (duration) about 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - X-Ray

(Signed) Stuart Gerlach M. D.

19 (Address) 5150 Park Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Sept 10 1926
20 UNDERTAKER W M Kouteon	ADDRESS 2208 N Month

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Blks.

E 13989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 13989

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 15-13 WARD)

2-FULL NAME James Blakey

(a) RESIDENCE NO. 1609 N. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Blakey

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mary Hunter

13 BIRTHPLACE OF MOTHER (city or town) Fairmount (State or country) West Virginia

14 Informant City Hospital Records (Address)

15 Filed SEP 10 1926 THOMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 5 1926

17 I HEREBY CERTIFY, That I attended deceased from September 2, 1926, to September 5, 1926, that I last saw him alive on September 5, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith M. D.

Sept 8 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	SEP 10 1926 19
20 UNDERTAKER	ADDRESS

BALTIMORE CITY HOSPITALS

UNIVERSITY OF MARYLAND

Commissioner of Health

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13990

CERTIFICATE OF DEATH.

46 E 13990

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S. Kenwood ave ST.: 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Sozza

(a) RESIDENCE. No. 601 S Kenwood ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/15-1871

7 AGE			
55 Years	4 Months	10 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Mr Sozza

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant John Sozza
(Address) 601 S Kenwood ave

15 Filed SEP 10 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept 8, 1926 that I last saw her alive on Sept 8, 1926 and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John F Cleary M. D.

19 (Address) 1603 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Sept 13 1926

20 UNDERTAKER Richard F. Curley ADDRESS 1808 E Pratt

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1399I

CERTIFICATE OF DEATH.

E 1399I

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 413 W. Biddle ST., 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Harrison

(a) RESIDENCE NO. 731 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Westbrooks Harrison

6 DATE OF BIRTH (month, day, and year) — — 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home Wife

(c) Name of employer

9 BIRTHPLACE (city or town) Henderson
(State or country) N.C.

PARENTS

10 NAME OF FATHER James Burrell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Husband West B. Harrison
(Address) 731 N. Eden

15 FILED (Signed) (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1926, to Sept. 8, 1926, that I last saw her alive on Sept. 8, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pregnancy

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Uterine Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 731 N. Eden

Did an operation precede death? No Date of Sept. 8. 26

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) W. A. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton N.C. DATE OF BURIAL Sept 10 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Eastland Ave

P 10 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU- TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 13992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13992

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

City of BALTIMORE: (No. 1501 Linden Ave St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca W. Watkins

(a) Residence No. 1501 Linden ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 13 1839

7-AGE. 86 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Annapolis (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nicholas E. Watkins

11-BIRTHPLACE OF FATHER (city or town) Annapolis (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Ryan

13-BIRTHPLACE OF MOTHER (city or town) Annapolis (State or Country), Md

14- (Informant) Margaret F. Watkins

(Address) 1501 Linden ave

15-

Filed C. HAMPSON JONES, M. D. Registrar.

P 10 1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 9 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug 8th 1926 to 19 ..

that I last saw her alive on Aug 8th 1926

and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age senile dementia for several years

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Janet T. Earle M. D.

, 19 (Address) 1431 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. Sept 11 1926

20-UNDERTAKER. John O. Hutchell ADDRESS 201 W. Fayette St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 13993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13993

CERTIFICATE OF DEATH.

91-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Hanover St. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Th Reisinger

(a) RESIDENCE. NO. 1223 Hanover ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 4 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hanna Loft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs. H. Hummel 1223 Hanover st

15 Filed . 19 C. MYERSON Registrar

SEP 10 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 19 26, to Sept 8, 19 26

that I last saw him alive on " " , 19 .

and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George L. Druane, M. D.

9/9. 19 26 (Address) 1610 Mt Royal Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvert Cemtry — DATE OF BURIAL Sept 11 1926

20 UNDERTAKER F. A. Edwards Son — ADDRESS 703 Hanover.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13994

E 13994

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Darley ave ST., 81 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Ann. Griffin

(a) RESIDENCE NO. 1414 Darley av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James. T Griffin

6 DATE OF BIRTH (month, day, and year) Dcember 28, 1852

7 AGE Years	Months	Days	11 LESS than 1 day, hrs. or min.
74,	4	11 18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Williams Gately

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Gairley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Catherine Isaley Niece

(Address) 1414 Darley ave

15 Filed SEP 10 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 9. 1926. to Sept 9. 1926.

that I last saw her alive on Sept. 9. 1926.

and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Oedema of Lungs

(duration) yrs. mos 1. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) Chas. J. Stevens M. D.

9/9 1926 (Address) 2878 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemtry — DATE OF BURIAL Sept. 13 1926

20 UNDERTAKER F. A. Wanserson — ADDRESS 703 Hanover

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13995

CERTIFICATE OF DEATH.

101-001 E 13995

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2799 Alameda Ave St., 43 Ward)

2-FULL NAME John Jos. Dotterweich

(a) RESIDENCE NO. 2799 Alameda Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Dotterweich.

6 DATE OF BIRTH (month, day, and year): July 21-1862

7 AGE — Years: 64 — Months: 1 — Days: 16 — IF LESS than 1 day.....hrs. or.....min.: 17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Dotterweich

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: Lillian Dotterweich.

(Address): 2799 Alameda Ave.

15 Filed: C. HAMPSON JONES, M. D. Registrar

SEP 10 1926 Per R. C. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7-1926

17

I HEREBY CERTIFY, That I attended deceased from Aug-28, 1926, to Sept 7, 1926, that I last saw him alive on Sept 7 —, 1926, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 11 ds.

CONTRIBUTORY (Secondary)

Uremic Convulsions (duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. Gill Hall, M. D.

Sept 8 1926 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: Sept. 11th 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13996 E 13996

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 North Calhoun ST. 141 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Ward

(a) RESIDENCE NO. 221 North Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) London, England

12 MAIDEN NAME OF MOTHER Eliza J. Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland.

14 Informant Rebecca M. Ward
(Address) 221 North Calhoun Street

15 Filed SEP 10 1926. C. HAMPSON JONES, M. D. Registrar
Per RPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 3 1926 to Sept 8 1926,

that I last saw h alive on Sept 8 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Herbert C Blake M. D.

9/9. 1926 (Address) 1014 West Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Sept. 11 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Eutaw St.

28.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important. See instructions on back of certificates. ... and state OCCUPA-

E 13997 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13997

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 28-1 90.

City of BALTIMORE: (No. 4102 Barrington Road St. D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Ross Moulton, Jr.

(Residence in Baltimore: No. 4102 Barrington Road St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: February 2, 1918 (Month) (Day) (Year)

7-AGE: 8 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: Walter Ross Moulton, Sr.

11-BIRTHPLACE OF FATHER, (State or Country): Philadelphia, Pa.

12-MAIDEN NAME OF MOTHER: Naomi Sallade

13-BIRTHPLACE OF MOTHER, (State or Country): Washington, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Ross Moulton, Sr.

(Address) 4102 Barrington Road

15-

Filed SEP 10 1926 C. HAMPSON JONES, M. D. Registrar.

Per ORK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 8, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. T. Freeman M. D. (Coroner.)

Sept. 9 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Sept. 11 1926

20-UNDERTAKER: Wm. P. B Cook ADDRESS 1003 N. Gilt.

F.M.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13998 CERTIFICATE OF DEATH. 124 X E 13998

1-PLACE OF DEATH U.S Marine Hospital #1 Balt Md REGISTERED NO.

CITY OF BALTIMORE: (No. Balt. Md. ST., 12-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bert B Badgley. Badgley

(a) RESIDENCE NO. U.S Marine Hospital #1 ST., WARD Michigan

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single-

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 26 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Steward.

(c) Name of employer S/S Victoria Evamula

9 BIRTHPLACE (city or town) (State or country) Michigan.

PARENTS

10 NAME OF FATHER J. Badgley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Rae Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Self

(Address)

Filed OCT 1926 C. HAMPSON JONES, M. D. Registrar

Per RKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1926, to Sept 9, 1926, that I last saw h— alive on — Sept 9, 1926, and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

A Wears of Liver.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Post Operation Shock

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Sept 9, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings & history

(Signed) F. C. Stewart, M. D.

, 19 (Address) U.S Marine Hospital #1 Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portland, Michigan

DATE OF BURIAL Sept 19 1926

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh— CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of — TION is very important. See instructions on back of certificates.

Spec.—1-16-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13999 E 13999

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Bayard St. 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Dickerson

(a) RESIDENCE NO. 1227 Bayard St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Henrietta Dickerson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE 41 Years Months Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annundel a. a. Co

PARENTS

10 NAME OF FATHER Andrew Dickerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annundel a. a. Co.

12 MAIDEN NAME OF MOTHER Mary Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annundel a. a. Co

14 Informant Thomas Dickerson
(Address) 1409 Ward Street

15 Filed SEP 10 1926 C. HAMPSON JONES, M. D. Registrar
Per ABK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-19-26 to 9-7-26 19

that I last saw h alive on " 19

and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Dyspepsia, arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilmer M. D.

(Address) 1524 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 9/4 1926

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1[illegible] W. Lafayette Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14000

90 E 14000

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2240 E Chase St., 8 Ward)

2-FULL NAME Edward A. Punte

(a) RESIDENCE NO. 2240 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Anna R. Punte

6 DATE OF BIRTH (month, day, and year) Jan 10th 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

10 NAME OF FATHER Henry Punte

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Leimkuhler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant Anna R. Punte

(Address) 2240 E Chase St

15 Filed FEB 10 1926 C. HARRISON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I attended deceased from 8 1 26 to 9-10 19..., that I last saw h.. alive on 9-10 19 6 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acute Pulmonary Oedema

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed) H. Hance, M. D.

9/10/26 (Address) 1739 N Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 9/14/26

20 UNDERTAKER Emily A. Lewis ADDRESS 2010 Eutaw St

INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY, WITH UNFADING INK. PHYSICIANS' and UNDERTAKERS' certificates should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that it may be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1400P

CERTIFICATE OF DEATH.

E 1400P

101-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Shields alley St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edris Johnson Watson

(a) RESIDENCE NO. 931 Shields alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Watson

6 DATE OF BIRTH (month, day, and year): about 1793

7 AGE: Years 33; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0-1

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Stella Hall

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Edward Watson

(Address): 931 Shields alley

15 Filed 9/9/1926 C. HAMPSON JONES Registrar

Per Asst

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

9/9, 1926 (Address) 2 E Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Lot 111 Date of Burial 9/6

20 UNDERTAKER: Samuel Easton ADDRESS 89 Mc.

(C. H. D.—WHITE PAPER, WITH CARBON BACK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

P 10 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14002

CERTIFICATE OF DEATH.

161-08

1-PLACE OF DEATH

City of BALTIMORE: (No. 1423 Brunt St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Hunter

(a) Residence No. 1423 Brunt St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 9/926

7-AGE. ~~yrs.~~ ~~mos.~~ 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baby

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Hunter

11-BIRTHPLACE OF FATHER (city or town) (State or Country). S. C.

12-MAIDEN NAME OF MOTHER. Maggie Lessard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). S. C.

14- (Informant). Maggie Hunter

(Address). 1423 Brunt St

15- Filed 1926 Reg. No. 1015 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept-9-26

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1926 to Sept 9 1926, that I last saw him alive on Sept 9 1926, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature birth 8 hrs

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Not ex

(Signed) H Howard M. D.

, 19 (Address) 704 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. Sept 11 1926

20-UNDERTAKER. Daniel Easton ADDRESS 516 Pa ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14003

CERTIFICATE OF DEATH.

185

E 14003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. ____ Ward)

2-FULL NAME John Piekut

(a) RESIDENCE NO. 623 S. Port St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Piekut

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Bertha Kapelanczyk

(Address) 524 Holtzman St

15 Filed 10 1926 C. THOMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

fracture base of skull due to fall from back porch of his neighbors yard

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Peuleon M. D.

(Coroner)

9.10.1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Balto City Hosp. yrs., ___ mos., 2 ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? 623 S Port St

Former or usual residence 623 S Port

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial Sept 14 1926

20 UNDERTAKER John M. Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 14004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14004

CERTIFICATE OF DEATH.

100-601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Cooke

(a) RESIDENCE NO 26 N. Duncan St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Cooke

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) South Carolina (State or country)

PARENTS

10 NAME OF FATHER Crisper Cooke

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Clara

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hosp. Rec (Address)

15 Filed , 19 C. HAMPSON JONES, M. D. Per DHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10- 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-16- , 1926 to 9-10 , 1926

that I last saw h alive on 9-10- , 1926

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy & Urinary Extravasation & Sepsis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 7-16-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W Mayerle, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL Sept 13, 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans St

P 11 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[uld] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925 E 14005

CERTIFICATE OF DEATH.

31 E 14005

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lee

(a) RESIDENCE NO. 431 N Harkan St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 11th. 1924

7 AGE: Years 2 | Months 10 | Days 28 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER James Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Burns

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

9-9-

17 I HEREBY CERTIFY, That I attended deceased from 9-1-26 19..., to 9-9- 19 26

that I last saw h.e alive on 9-9- 19 26

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis -

Pulmonary Tuberculosis

(duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy -

(Signed) Thomas B. Cornwall, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — Date of Burial: Sept 11, 1926

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 orleans st

THE PENALTY, WITH CAPABILITY OF IMPRISONMENT, FOR A FALSE RETURN OF THIS CERTIFICATE IS ONE YEAR IN THE PENITENTIARY.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 14006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14006

CERTIFICATE OF DEATH.

27

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) SYDENHAM HOSPITAL ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James De Felice

(a) RESIDENCE No. 608 S. 14th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	0	9	25	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ridgeway Pa

PARENTS

10 NAME OF FATHER Louis De Felice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Prato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Louis De Felice

(Address) 608 S 14th St

Filed 1926 C. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1926, to Sept 10, 1926, that I last saw h[illegible] alive on Sept 10, 1926, and that death occurred, on the date stated above, at 10 20 a m.

The CAUSE OF DEATH* was as follows:

Meningitis

Meningococcic

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Tuce M. D.

9/10 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 9/11 1926

20 UNDERTAKER Ule-Master St Dept

ADDRESS 2512 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14007

CERTIFICATE OF DEATH.

185 E 14007

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph's Hospital St. 700-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Andrew McCauley

(a) RESIDENCE NO. 517 Edgewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or Divorced, (~~write the word~~): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah McCauley

6 DATE OF BIRTH (month, day, and year): October 28 - 1876

7 AGE: Years 49 Months 10 Days 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Ellicott City

(State or country): Md

PARENTS

10 NAME OF FATHER: William J. McCauley

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Cecil Co Md

12 MAIDEN NAME OF MOTHER: Louisa Alexander

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Cecil Co Md

14 Informant: Mrs. Sarah McCauley

(Address): 517 Edgewood St.

15 Date: 9 11 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fracture of skull & ribs. Fell through sky light at Preston nr greenmount (Yellow Cab Co

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Collins M. D.

(Coroner)

9/11/26 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem Date of Burial 9/11 1926

20 UNDERTAKER: Mrs. J. Tucker Jones ADDRESS: L. P. Cem

THIS CERTIFICATE, WHEN COMPLETED, IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14008 88 **E 14008**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 425 E 23rd St 12-14 Ward)

2-FULL NAME Ellen Bell

(a) RESIDENCE NO. 425 E 23rd St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ___ mos. ___ dys. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Bell

6 DATE OF BIRTH (month, day, and year) Mar. 4 1812

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) County

PARENTS

10 NAME OF FATHER Wm Johnson

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Johnson

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md.

14 Informant Wm Bell

(Address) 425 E 23rd St.

15 Filed ____ 19 16 G. HAMPSON JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Sept 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1926, to Sept 9, 1926, that I last saw h__ alive on Sept 9, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cerebro cardiac Dilatation

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (Secondary) General Debility

1 (duration) ___ yrs. ? mos. ___ ds.

18 Where was disease contracted

If not at place of death? Uncertain

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) V. G. Hall, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Sept 11 19 26

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 725 Washington

SEP 1 1926

Informa-
tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou... sta...
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP...
very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 14009

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 E 14009.

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 E Gilmor St., 26-6 Ward)

2-FULL NAME Rose Mary Turner

(a) RESIDENCE NO. 3527 Lexington St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 29, 1905

7 AGE: Years ____ Months 9 Days 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country)

PARENTS

10 NAME OF FATHER Wm. A. Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Turner

(Address) 117 E Gilmor St.

15 Filed _____ 19____ C. EMPSON JONES, M. D. Registrar

P 1 1 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 10, 1926, that I last saw h__ alive on Sept 10, 1926, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Empson Jones, M. D.

Sept 10, 1926 (Address) 1 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial Sept 11 '26

20 UNDERTAKER: Leo G. Crook ADDRESS: 1723 Patt Pk Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14010

CERTIFICATE OF DEATH.

Registered No. 17-2129

1-PLACE OF DEATH

City of BALTIMORE: (No. 626 George St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma Lucy Johnson

(a) Residence No. 626 George St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Johnson

6-DATE OF BIRTH (month, day and year) March 7. 1855

7-AGE. 71 yrs. 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Home

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14- (Informant) Lilly Jones

(Address) 626 George St

15- Filed SEP 11 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 9, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926 to Sept 9, 1926 that I last saw h. alive on Sept 8, 1926 and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis, (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Dr. H. Wright, M. D.

Sept 10, 1926 (Address) 1209 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount

DATE OF BURIAL. 9/11, 1926

20-UNDERTAKER. Samuel T. Hemsley

ADDRESS 518 Biddle

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 11 1926

Spec.—1-12-23—M&T—500 Bks.

(Martin)

E 14011

HEALTH DEPARTMENT—CITY OF BALTIMORE

X/25 E 14011

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland University Hospital

CITY OF BALTIMORE: (No. 4-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katina Martin

(a) RESIDENCE NO. Lamed ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Feb 1882

7 AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Isaac Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Ray Martin

(Address): Same

15 Filed SEP 1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 9, 1926, that I last saw her alive on Sept 9, 1926 and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Acute pancreatitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-1-26

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Francis A. Ellis M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Same

DATE OF BURIAL: Sept 11 1926

20 UNDERTAKER: Edward F. Fisher

ADDRESS: Same

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14012

CERTIFICATE OF DEATH.

E 14012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3928 Resterstown Rd (Ward) 24

2-FULL NAME Mary Saunders

(a) RESIDENCE NO. 3928 Resterstown Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Apl 29, 1837

7 AGE: Years 89 | Months 4 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: Abel Tanner

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Tracy Combs

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Edward S Hartaker

(Address) 3928 Resterstown Rd

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept 11— 26

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15 19 25, to Sept 10, 19 26

that I last saw h.. alive on Sept 8, 19 26

and that death occurred, on the date stated above, at 2/a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S Ashhurst, M. D.

9-10-1926 (Address) 4017 Park Heights av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forrane Cemetery — Date of Burial: Sept 13 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 14013

HEALTH DEPARTMENT—CITY OF BALTIMORE

188 E 14013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore Gen'l Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST. 8 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Addison Steiner

(a) RESIDENCE NO. 1664 Norwood Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 2, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Howard S. Steiner

11 BIRTHPLACE OF FATHER (city or town) Penn
(State or country)

12 MAIDEN NAME OF MOTHER Florence Miller

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Howard S Steiner
(Address) 1664 Norwood Ave

15 Filed SEP 11 1926 C. HAMPSON JONES, M. D.
Registrar
Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/8, 1926, to 9/9, 1926, that I last saw him alive on 9/9, 1926, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

over

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

, 19 (Address) W. 13 9. 14.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Sept 11 1926

20 UNDERTAKER Wm Cook — ADDRESS 507 E Monument

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 14014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14014

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6507 Fait ave ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Fassel

(a) RESIDENCE No. 6507 Fait ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Fassel

6 DATE OF BIRTH (month, day, and year) May 17. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER John Ran.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Schafer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Adam Fassel

(Address) 6507 Fait Ave

15 Filed SEP 11 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9- 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 7- 1926, to Sept 9- 1926,

that I last saw her alive on Sept 9- 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Complication Dilated Heart (duration) 2 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr G W Kennard M. D.

9-10 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Sept 13 1926
20 UNDERTAKER Wm Cook	ADDRESS 502 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14015

CERTIFICATE OF DEATH.

90 E 14015

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2628 Maempel Lane St., 90-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Ensley.

(a) RESIDENCE NO. 2628 Maempel Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley Ensley

6 DATE OF BIRTH (month, day, and year) May 3. 1900

7 AGE: Years 26 | Months 4 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Edward Lynch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Cora Harrison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga

14 Informant Edward Lynch

(Address) 2628 Maempel Lane

15 Filed C. 19 HAMPSON JONES, M. D.

SEP 11 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/15, 1926, to 9/9, 1926,

that I last saw h.. alive on 9/5, 1926,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Interstitial Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Samuel Levin M. D.

19 2 (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cathedral Date of Burial Sept 13 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E. Madison

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh... d sta... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 14016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14016

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

City of BALTIMORE: (No. 939 Park. Av. St., 11-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Groome

(a) RESIDENCE NO. 939 Park. Av. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 30 1926

7 AGE — Years: 6 wks 1 | Months: | Days: 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED: nr

(a) Trade, profession or particular kind of work: nr

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: H. Groome

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Helen Woodyard

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto

14 Informant: H Groome

(Address): 939 Park. Av

15 Filed SEP 11 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) and autopsy thereon and from the evidence obtained by said Inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion lungs & brain

Sudden (duration) yrs. mos. 0 7/24 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H. Friedenwald, M. D. (Coroner)

Sept. 10 26, 19 (Address) 1659 Bradway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial: Sept 11 1926

20 UNDERTAKER: Wm J. G. Locke ADDRESS: 1302 Jefferson

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state C... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA...N is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14017

CERTIFICATE OF DEATH.

22-1 185

E 14017

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Lee Jones.(C)

(a) RESIDENCE NO. 718 Bevan St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored.	Married.

5a If married, widowed or divorced (or) WIFE of Frank Jones.(C)

6 DATE OF BIRTH (month, day, and year) July 24,1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	1	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Julius Beasley.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Frank Jones.(C) husband.

(Address) 718 Bevan St.

15 Filed C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple extensive lacerations of body and legs. Shock. Accidental fall from a car of a racer dip.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

9/10 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Accident at Wonderland Park. Sep. 5, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Date of Burial Sept 11 1926

20 UNDERTAKER R L Parham 906 Leadenhall St ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 1 1926

Cor.—12-9-25—A Co.—200 Bks.

E 14018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 14018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospit. St. 61 Ward)

2-FULL NAME Elizabeth Slocum

(a) RESIDENCE NO. 421 N. Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 45 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER James Holdrum

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Mollie ------

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant: Hopkins Hospital

(Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abdominal Lympho Sarcaoma
General Peritonitis
(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bollen M. D.

(Coroner)

9/11/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorchester Co Md Date of Burial Sept 11 1926

20 UNDERTAKER: Robert G Williams ADDRESS 1545 W Lexington St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 1 1926

Spec.—1-10-21—M&T—1500 Bks.

E 14019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14019

CERTIFICATE OF DEATH.

160

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 2-3 WARD)

2-FULL NAME Jerald Mclenke

(a) RESIDENCE NO. 531 S Ann St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16/24

7 AGE — Years: — Months: 5 — Days: 26 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Robert Lee Lewis Md

PARENTS

10 NAME OF FATHER Robert Lee Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Rutkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frances Lee Lewis

(Address) .....

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926 to Sept 9, 1926 that I last saw h in alive on Sept 9, 1926 and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Worden, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Carroll — DATE OF BURIAL Sept 11/24

20 UNDERTAKER J A Moran — ADDRESS 3 Que E Balto

1 1926

Cor. 12-9-25—A Co.—200 Bks.

E 14020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14020

CERTIFICATE OF DEATH.

X 188-003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

2-FULL NAME Henry A. Groskopf.

(a) RESIDENCE NO. Annapolis Blv'd, Holy Crosss Hill. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) September 9, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Single. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John H. Groskopf.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Magdaline Schreiber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Magdaline Groskopf. (mother)

(Address) Annapolis Blv'd. A. A. Co. Md.

15 Filed SEP 11 1926 HAMSON JONES Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull, struck, knocked down and run over by an automobile while crossing road. Accidental Death. Inquest held at Glen Burnie, A. A. Co. Md.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto L. Bernhardt M. D. (Coroner)

9/11 1926 (Address) 1017 E. Charles St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Annapolis Blv'd on Holy Cross Hill

Former or usual residence September 10, 1926.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A.Co. Date of Burial 9-13 1926

20 UNDERTAKER Ellis Nash ADDRESS 115 E. Mosher

Instructions to physicians: Every question should be answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 1402P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1402P

CERTIFICATE OF DEATH.

77-12-91-002

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 Traymore Rd St., 77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick D. Boeckelman

(a) RESIDENCE NO. 216 Traymore Rd St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowur

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Boeckelman

6 DATE OF BIRTH (month, day, and year) Nov 15/1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Christian B. Boeckelman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Jack H. Boeckelman

(Address) 216 Traymoor Rd

Filed SEPT 1 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure-arteriosclerosis
Senility

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Bates M. D.

(Coroner)

9/11/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Emmanuel Cem Sept 12 1926

20 UNDERTAKER ADDRESS

John C. Miller 2435 E Oliver

DO NOT SIGN CERTIFICATE without supplying AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14022 | CERTIFICATE OF DEATH. | E 14022

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., (H.S.T.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jackson Edwards (Edward Jackson)

(a) RESIDENCE NO. 1608 Division st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work trucking

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jackson Robul

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Pay RPM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1926, to Sept. 7, 1926, that I last saw him alive on Sept. 7, 1926, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatlins M. D.

9-8-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

SEP 11 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 14023 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14023

CERTIFICATE OF DEATH.

REGISTERED NO. 141

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., (Baltimore City Hospitals (C.H.)) WARD)

2-FULL NAME Wade Davis

(a) RESIDENCE NO. 210 N. Stricker st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Hattie Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to Sept. 7, 1926, that I last saw him alive on Sept. 7, 1926, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. E. Gattiss, M. D.

9-8-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Sept 1 1926

Spec.—1-10-21—M&T—1500 Bks.

14024

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hosp. (Usual residence) REGISTERED NO. 90

CITY OF BALTIMORE: (Non-resident or Dukeland ST., 38 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth (Whitmore) Whitmore

(a) RESIDENCE NO. Weston Female Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2, 1915

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
10	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Whitmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lottie E. Pitter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs Lottie E. Pitter

(Address) Hillsdale Md

15 Filed 1926 RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/11 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/11 1926 to 9/11 1926

that I last saw he alive on 9/11 1926

and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows:

Mitral endocarditis

Myocardial insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? N Date of

Was there an autopsy? No ~~Chemical findings~~

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL Sept 13 1926

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. ANDERSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14025

CERTIFICATE OF DEATH.

114 v

E 14025

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 412 N. Hamburg St. Ward) 21-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hylda White

(a) RESIDENCE NO. 412 N. Hamburg St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.

(State or country)

PARENTS

10 NAME OF FATHER Chas. White

11 BIRTHPLACE OF FATHER (city or town) Washington, D.C.

(State or country)

12 MAIDEN NAME OF MOTHER Harriett Williams

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C.

(State or country)

14 Informant Henrietta White

(Address) 412 N. Hamburg St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1926, to Sept 10, 1926

that I last saw h.EW alive on Sept 9, 1926

and that death occurred, on the date stated above, at 3:45 am m.

The CAUSE OF DEATH* was as follows:

Auto-Toxemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Entero Colitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical

(Signed) John H. Thompson M. D.

9/11 1926 (Address) 1019 Arcus Fidelity

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. Date of Burial 9/12 1926.

20 UNDERTAKER R. L. Parham ADDRESS 706 Leadenhall st

SEP 12 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 14026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14026

CERTIFICATE OF DEATH.

X 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mc Govern

(a) RESIDENCE NO. Adams County Home Gettysburg Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Wm McGovern (Address) Adams County Home Gettysburg

15 Filed SEP 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-9, 1926, to 9-10, 1926, that I last saw him alive on 9-10, 1926, and that death occurred, on the date stated above, at 3 40 p m.

The CAUSE OF DEATH* was as follows:

Shock, post-operative

(duration) yrs. mos 3/24 ds.

CONTRIBUTORY (Secondary) Carcinoma soft parts of mouth (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 10, 1926

Was there an autopsy? No

What test confirmed diagnosis? Path. tests

(Signed) J. Theron Hunter, M. D.

9/10 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gettysburg Penna

DATE OF BURIAL Sept 11 1926

20 UNDERTAKER H B Bender Son per J M Bender

ADDRESS Gettysburg Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14027 ~ E 14027

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 867 Greenmount Av. 110-2 (WARD)

2-FULL NAME Elizabeth Ann Harker

(a) RESIDENCE No. 867 Greenmount Av. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. X mos. X ds. How long in U. S., if of foreign birth? 85 yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John V Harker

6 DATE OF BIRTH (month, day, and year): May 20 1834

7 AGE: Years 92 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Fred" Johenning

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Lapking

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Susanna Harker

(Address): 867 Greenmount

15 Filed SEP 12 1926 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): SEP 9 1926

17 I HEREBY CERTIFY, That I attended deceased from SEP 4 1926, 19.., to SEP 9 1926, 19.., that I last saw her alive on SEP 9 1926, 19.., and that death occurred, on the date stated above, at 10 48 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) X yrs. X mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis Sen.

Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. H. Dukes M. D.

SEP 10 1926, 19.. (Address) 928 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park | DATE OF BURIAL 9/13/26

20 UNDERTAKER: Joseph Ahrens | ADDRESS 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14028

CERTIFICATE OF DEATH.

E 14028

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... ST., 11-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Henry W. Robinson

(a) RESIDENCE No. 601 E. 21st St. Brooklyn N. Y. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. H. W. Robinson

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newark N. J.

PARENTS

10 NAME OF FATHER Robert Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bremen Germany

12 MAIDEN NAME OF MOTHER Fanny Bravel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hamburg Germany

14 Informant Deceased (Address)

15 Filed ..... 19..... Registrar

SEP 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 11, 1926, that I last saw h(M) alive on Sept 11, 1926, and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis
Chronic Appendicitis

(duration) ..... yrs. ..... mos 13 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 9-10-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompkins M. D.

, 19 (Address) 1 E Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N. Y.

DATE OF BURIAL 9-15- 1926

20 UNDERTAKER Jos Fenis

ADDRESS 1439 E. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

14029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14029

REGISTERED NO.

1-PLACE OF DEATH Hebrew Aged Home

City of BALTIMORE: (No. 105 Asquith St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Leuine Diamond

(a) RESIDENCE NO. 105 Asquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 90; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Baltimore St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Sep. 11, 1926, that I last saw her alive on Sep 11, 1926, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm F Baylis, M. D.

9/11, 1926 (Address) 26 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Wash Road — Date of Burial: 9-12-1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto

PLEASE WRITE IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates. CAUSE OF DEATH

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14030

CERTIFICATE OF DEATH. 74-001 E 14030

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

City of BALTIMORE: (No. [redacted] St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henretta Williams

(a) RESIDENCE NO. 1202 Morton Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 9 1926

17

I HEREBY CERTIFY, That I attended deceased from September 22, 1925, to September 9, 1926, that I last saw her alive on September 9, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

Residual right Hemiplegia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Cerebral haemorrhage

(Secondary)

(duration) yrs. mos. 5 ds.

Is Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! yes

What test confirmed diagnosis! general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 10, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Date of Burial 9/13 1926

20 UNDERTAKER Sollie Gross ADDRESS 1405 McElderry st

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Kiezozek

E 1403P

HEALTH DEPARTMENT—CITY OF BALTIMORE

24

CERTIFICATE OF DEATH.

E 1403P

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Knozek

(a) RESIDENCE NO. 21 S. Ann St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 16/22

7 AGE — Years: 3 Months: 8 Days: 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Stanalaus Knozek

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Jowarski

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

14 Informant: Stanalaus Knozek

(Address): 21 S.Ann St

15 Filed SEPT 12 1925 19 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11/2 19[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis-(Meningeal Coccus by smear, Autopsy at Hopkins)
Otitis Media & Acute Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Paten M. D.

(Coroner)

9/12/26 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial 9/13 19[illegible]

20 UNDERTAKER: Kendall Ruppert & Sons ADDRESS 9 Penn St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 14032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 14032

REGISTERED NO.

1-PLACE OF DEATH

Forest Park

City of BALTIMORE: (No. 3900 Belle Ave, St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Gouce

(a) RESIDENCE NO. 3900 Belle Ave, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~): Mary E. Gouce

6 DATE OF BIRTH (month, day, and year): Sept 30, 1846

7 AGE: Years 79 | Months 11 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 62

(b) General nature of industry, business, or establishment in which employed (or employer): Mount Ver

(c) Name of employer

9 BIRTHPLACE (city or town): Mount Ver

(State or country): Md

PARENTS

10 NAME OF FATHER: John T. Gouce

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Sullivan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore

14 Informant: Mary E. Gouce

(Address): 3900 Belle Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept. 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1926, to Sept 11, 1926,

that I last saw him alive on Sept. 10, 1926,

and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Necropsy

(Signed) Helena F. Hellman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Sept 14, 1926

20 UNDERTAKER: Wm Cook - 502 E Monument — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 12 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14033

CERTIFICATE OF DEATH.

90

E 14033

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2630 Park Heights Terrace St. 15-3 Ward)

2-FULL NAME Louis Balser

(a) RESIDENCE NO. 2630 Pk. Hgts. Terrace St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 27 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Fannie Balser

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant Fannie Balser

(Address) 2630 Park Heights Terrace

15 Filed_____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)_____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. Chas. Guerrieri M. D. (Coroner)

9-12 1926 (Address) 3832 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hebrew Friendship Rem

Date of Burial: 9-12 1926

20 UNDERTAKER: Jos. Krevis

ADDRESS: 1139 [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14034

CERTIFICATE OF DEATH.

202 ✓ **E 14034**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt. City Hospitals St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Gantt

(a) RESIDENCE NO. 732 W Redwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoeworker

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Joseph B Gantt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Agnes O. Murray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co Md

14 Informant Barnett Evans

(Address) 732 W Redwood

15 Filed SEPT 2 1926 19 C. T. JAMESON JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Dy death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull & Tumor
Rt Lobe & Fibres, R Humerus
& Ribs & Pleura, R Tuberculosis
Radius & Ulna (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Surgical shock

(duration) yrs. mos. 4 ds.

(Signed) James W Fenton, M. D.
(Coroner)

9-11-1926 (Address) 707 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Island Creek Cem. Date of Burial Sept 3 1926

20 UNDERTAKER Samuel Hensley ADDRESS 578 N Eddie

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 14035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14035

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 343 Carmel ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Halls

(a) RESIDENCE No. 343 Carmel ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard Halls

6 DATE OF BIRTH (month, day, and year) — — 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) "

14 Informant Mary Simms (Address) 1630 Druid Hill Ave

15 Filed SEP 12 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3d, 19 26, to Sept 8th, 1926, that I last saw her alive on Sept. 8th, 1926, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Chiè, M. D.

9/10, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Lookout Cem DATE OF BURIAL Sept 12 1926

20 UNDERTAKER Samuel F. Hensley ADDRESS Mt Eddie

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14036

E 14036

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 W. Lexington St. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johan Zimmerman

(a) RESIDENCE NO. 746 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Elizabeth Baierlein

6 DATE OF BIRTH (month, day, and year) Jan 22, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Formerly Cooper 086

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 12 years

(c) Name of employer

9 BIRTHPLACE (city or town) Blankenfeld
(State or country) Bayern Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) unknown

14 Informant T. W. Katenkamp
(Address) 746 W. Lexington St.

15 Filed SEP 12 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1926, to Sept 11, 1926

that I last saw h[illegible] alive on Sept 9- 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

4

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) old age

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo. W. Kemmedy, M. D.

8/14 1926 (Address) 3002 Garrison Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Park St Pauls Cemetery DATE OF BURIAL Sept 13 1926

20 UNDERTAKER Louis Heuisler ADDRESS 32 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14037

E 14037

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. Ward)

2-FULL NAME Mrs Ella J ashley

(a) RESIDENCE NO. 1919 Cedar Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Ashley

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER — Do not know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant Mrs E. H. Purinton

(Address) 3500 Copley Road Ashburton

15 Filed SEP 12 1926, 19 C. J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1926, to Sept. 11, 1926, that I last saw her alive on Sept 11, 1926, and that death occurred, on the date stated above, at 8 50 A m.

The CAUSE OF DEATH* was as follows:

Hypertension

Chronic Interstitial Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H Norwood, M. D.

Sept 11 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Allentown, Pa	Sept. 14 1926
20 UNDERTAKER	ADDRESS
Bowmans & Son	805 N. Calvert St.

Via B. & O. R.R. — Miss Dorothy L. Ashley - Escort.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14038

E 14038

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Argyle Av ST. 14-1 WARD)

2-FULL NAME Thomas E. Pennington

(a) RESIDENCE. No. 1401 Argyle Av ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Pennington

6 DATE OF BIRTH (month, day, and year) 12-6-72

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8 9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Belvedere Hotel

9 BIRTHPLACE (city or town) (State or country) Petersburg Va

PARENTS

10 NAME OF FATHER Thos Pennington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Meredith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sister Mary E Linsley

(Address) 1401 Argyle Av

15 Filed SEP 12 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9th 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1926, to Sept 9th, 1926,

that I last saw h alive on Sept 9th, 1926,

and that death occurred, on the date stated above, at 7:00 P .m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj McCready, M. D.

, 19 (Address) 400 N Rayson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemty. DATE OF BURIAL 9/13/ 1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14039 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14039

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1333 Argyle Ave. ST. 17-1 WARD)

2-FULL NAME Betty Brown.

(a) RESIDENCE. NO. 1333 Argyle Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rev. W. Brown

6 DATE OF BIRTH (month, day, and year) ? 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. G. E. Brown
(Address) 1333 Argyle Ave

15 Filed SEPT 2 1926 19 HARRISON COOKES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 19 26.

17

I HEREBY CERTIFY, That I attended deceased from July 13th 19 26 to Sept 11 19 26

that I last saw h[illegible] alive on Sept 9 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Acute 4 mos. ds.
(duration) yrs.

CONTRIBUTORY (Secondary) General debility;

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

9/11 19 26 (Signed) J. Bryant L. Trent, M. D.

(Address) 907 Tamanend Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemty

DATE OF BURIAL 9/14/ 1926

20 UNDERTAKER Monroe A. Brown

ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14040

CERTIFICATE OF DEATH.

31

E 14040

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1142 N Stockton St. 16-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Carter

(a) RESIDENCE NO. 1142 N Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 18, 1909

7 AGE — Years: 17 — Months: — Days: 23 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Moses Carter

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Glover

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mary Carter

(Address): 1142 N. Stockton

15 Filed ....., 19..... Registrar

by .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Sept 11, 1926, that I last saw h[er] alive on Sept 10, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 6 mos.

CONTRIBUTORY

(Secondary)

(duration)

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. H. Holland, M. D.

9/11, 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 9/13/1926

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 12 1926 C. THOMPSON

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14041 E 14041

CERTIFICATE OF DEATH.

174-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Carlton St. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. 235 N. Carlton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Smith

6 DATE OF BIRTH (month, day, and year) ? ? 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ely Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Matilda Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Johnson Smith (Address) 235 N. Carlton St

15 Filed Sept 12, 1926 C. Pearson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926, to Sept. 10, 1926, that I last saw her alive on Sept 9, 1926, and that death occurred, on the date stated above, at 12.55 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) H. Macco Williams, M. D.

9-11, 1926 (Address) 1830 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Sept 13th 1926

20 UNDERTAKER	ADDRESS
A. Jones	W. Saratoga

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 14042 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 14042

1-PLACE OF DEATH # 3402 Seneca St. REGISTERED NO.

CITY OF BALTIMORE: (No. 3402 Seneca St. ST. 13-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Lee Burke Jr.

(a) RESIDENCE No. 3402 Seneca St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Aug. 18/1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ----------

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City (State or country) Maryland

PARENTS

10 NAME OF FATHER Carl Lee Burke Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto City (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Hampshire.

13 BIRTHPLACE OF MOTHER (city or town) Balto City (State or country) Maryland.

14 Informant Carl Lee Burke Sr.

(Address) 3402 Seneca St.

15 Filed 12 1926 19 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 11, 1926, that I last saw him alive on Sept 10, 1926, and that death occurred, on the date stated above, at 8.00 a m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. W. Heaton, M. D.

19 (Address) 4509 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys cem, Hampden. DATE OF BURIAL 9/13/1926.

20 UNDERTAKER J. W. D. ADDRESS J. Walter Davis. 3307 Paine St.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 14043 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14043

CERTIFICATE OF DEATH. 41

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 6002 York Rd St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Allison Griesemer, D.D.

(a) Residence No. 6002 York Rd St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Abigail D. Griesemer

6-DATE OF BIRTH (month, day and year): Feb. 25, 1858

7-AGE: 68 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Baptist Minister

(b) General nature of industry, business, or establishment in which employed (or employer): Ret

(c) Name of employer.....

9-BIRTHPLACE (city or town): Philadelphia
(State or Country): Pa., U. S.

PARENTS.

10-NAME OF FATHER: Eli Griesemer

11-BIRTHPLACE OF FATHER (city or town): Philadelphia
(State or Country),

12-MAIDEN NAME OF MOTHER: Sarah

13-BIRTHPLACE OF MOTHER (city or town): Philadelphia
(State or Country): Pa.

14- (Informant): Walter D. Sutton
(Address): 6002 York Road

15- Filed SEP 2 1926 C. HAMPSON JONES, M. D. 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept. 10 1926.

17- I HEREBY CERTIFY, That I attended deceased from May abt 8, 1926 to time of death that I last saw h. alive on Sept 4" 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Blood Infection
Staphylococcus Viridans
abt 6 mos.
(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood C-T

(Signed) W. B. Rider M. D.

Sept 11, 1926 (Address) Owings Mills

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Valley — DATE OF BURIAL: 9/13, 1926.

20-UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 14044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14044

REGISTERED NO. E 14044

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.,) (WARD) 26-5

2-FULL NAME Walter Crisp

(a) RESIDENCE NO. 3211 Foster Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884 Sept 1.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Martimer Crisp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Christine Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ....., 19.... By ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1926, to Sept. 9, 1926, that I last saw him alive on Sept. 9, 1926, and that death occurred, on the date stated above, at 7.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous laryngitis

(duration) yrs. Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

9-10, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Sept 12 1926

20 UNDERTAKER Kendall & Lippel — ADDRESS 305 N Eden

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14045

E 14045

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 14045

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1342 Harford ave ST. 2-1 WARD)

2-FULL NAME Delia Wollenweber

(a) RESIDENCE No. 1917 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Wollenweber

6 DATE OF BIRTH (month, day, and year): Feb. 2nd 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49.	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Kathryn Reddington

(Address) 1342 Harford ave

15 Filed SEP 12 1926 19 C. MAMPSON JONES, M. D. Registrar

By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 10, 1926.

that I last saw her alive on Sept 10, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

about

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

9/12, 19 26 (Address) 7002 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept 13, 26

20 UNDERTAKER: F. A. Kloman & Son — ADDRESS: 702 Fawn

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E. 14046

HEALTH DEPARTMENT—CITY OF BALTIMORE

14046

CERTIFICATE OF DEATH.

45

E 14046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Bentalou ST. 16-5 WARD)

2-FULL NAME Mrs. Annie E. Falk

(a) RESIDENCE NO. 812 N. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER Michael Reinhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Kling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Thos. P. Falk

(Address) 812 N. Bentalou St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19 20, to Sept. 11 1926.

that I last saw h alive on Sept 11 1926

and that death occurred, on the date stated above, at 4 25 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Homer C. Todd M. D.

9/27 19 26 (Address) 735 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Sept 14 1926

20 UNDERTAKER P. Marshalina Son

ADDRESS 1 Whitehall St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14047

CERTIFICATE OF DEATH.

181-002

REGISTERED E 14047

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Marlins

(a) RESIDENCE NO. 1008 Carroll Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced: (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years: 11 yrs. Months: mos. Days: birthday IF LESS than 1 day.....hrs. .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER John Marlins

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Marlins

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant John Marlins

(Address) 12 03 Carrollave

15 Filed SEP 13 1926 C. HAMPSON JONES, M. D. Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Paralysis respiration Center - Following Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) W. T. Riley M. D.

(Coroner)

(Address) 1039 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsie Bros Cemetery — Date of Burial: Sept 13 1926

20 UNDERTAKER: Adolphus Halsted — ADDRESS: 904 N Eutaw St

904 N Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14048 E 14048

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 868 St Pkr ST., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Kath Collins

(a) RESIDENCE NO. 868 St Peter ST., WARD 21

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) May 23-26

7 AGE Years 3 Months 4 Days 18 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theo Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Kate Worsten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Kate Meistan

(Address) 868 St Paul St

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926 to Sept 11, 1926

that I last saw h[illegible] alive on Sept 10, 1926,

and that death occurred, on the date stated above, at 1 69 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) Chas E Silverthorne M.D.

, 19 (Address) 1 Mon Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 9-12 1926

20 UNDERTAKER E & B Hartz — ADDRESS 115 E Mon St

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14049

CERTIFICATE OF DEATH.

100-001

E 14049

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1801 N. Dallas St. 8-V Ward)

2-FULL NAME Timothy Theodore Smoot

(a) RESIDENCE NO. 1801 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 25/26.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	—	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: William R. Smoot.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary A. Griffin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Washington D.C.

14 Informant: William R. Smoot

(Address) 1801 N. Dallas st

15 Filed ___, 19___ By ___ Registrar

SEP 13 1926

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 11. 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1926, to Sept 11, 1926, that I last saw him alive on Sept 10, 1926, and that death occurred, on the date stated above, at 4.0. m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mo)

(duration) ___ yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary): Broncho-Pneumonia

(duration) ___ yrs. ___ mos. 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of ___

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John S. Fenby, M. D.

9/11, 1926 (Address) 405 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: Sept 13 1926

20 UNDERTAKER: Geo. J. Rust ADDRESS: 1735 Hayford Ave.

OF DEATH in plain terms, so that it may be properly classified. FULL STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14050

CERTIFICATE OF DEATH.

31 E 14050

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2304 Calverton Heights Ave (St.) 16 (Ward)

2-FULL NAME Charles C. L. Altwater

(a) RESIDENCE. No. 2304 Calverton Heights Ave St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Sadie Altwater

6 DATE OF BIRTH (month, day, and year) Oct 18th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	22 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer 03d

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm Altwater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not Know

12 MAIDEN NAME OF MOTHER Anna Bockat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not Know

14 Informant Mrs Sadie Altwater

(Address) 2304 Calverton Heights Ave

SEP 13 1926 H. HARRISON JONES, M.D. Registrar

For P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I attended deceased from August 7th 1926, to Sept 10th 1926, that I last saw him alive on Sept 10th 1926, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lung & Laryngitis

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not Know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray - Sputum Examined

(Signed) H. J. Cadick, M. D.

19 (Address) 3709 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Sept 13 1926

20 UNDERTAKER Wm. C. Miller & Son

ADDRESS 2334 Hoffman

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~E 14051~~ 56 E 14051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ~~731~~ WARD)

2-FULL NAME Clydia Brightfull

(a) RESIDENCE NO. 913 Plum alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Black.	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	27 3.8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of Industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Jackson.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) md.

12 MAIDEN NAME OF MOTHER Dellah Brightfull

13 BIRTHPLACE OF MOTHER (city or town) West Minneston
(State or country) Md.

14 Informant Dellah Brightfull
(Address) 913 Plum alley.

15 Filed SEP 3 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1926, to Sept. 10, 1926, that I last saw h alive on Sept. 10, 1926 and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, miliary.

(duration) yrs. 8 mos 2 da.

CONTRIBUTORY (Secondary) Nephritis.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? Yes.

What test confirmed diagnosis? ....

(Signed) Elizabeth L. Thomas, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion ct — DATE OF BURIAL Sept 13 1926

20 UNDERTAKER J. L. Brown & Son — ADDRESS 1018 Monroe

HOW is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

195 241 **E 14052**

CERTIFICATE OF DEATH.

177 **E 14052**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Forgne

(a) RESIDENCE NO. 1634 Mount St. Balto. Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col-	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24 months			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Richard - Forgne

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Forgne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C

14 Informant Records

(Address)

Filed SEPT 3 1926 JOHNS HOPKINS H. JONES, M. D.

Registrar

Per RAC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/2/26, 1926, to 9/9/26, 1926,

that I last saw her alive on 9/9/26, 1926,

and that death occurred, on the date stated above, at 7.45 p m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 16hrs

CONTRIBUTORY (Secondary) Stricture oesophagus

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? St Pt. home.

Did an operation precede death? yes Date of 9/3/26.

Was there an autopsy? Yes.

What test confirmed diagnosis? none

(Signed) H. Jones per T. Forgnwalt, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery. Date of Burial Sept 13 1926.

20 UNDERTAKER Wm S Gao H. Dennis per T. E. Nelson ADDRESS 1503 Pennsylvania Ave

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 14053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14053

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3510 E Baimont St., 76-6 Ward)

2-FULL NAME Nellie I. Gelston

(a) RESIDENCE NO. 3510 E Baimont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hugh D. Gelston

6 DATE OF BIRTH (month, day, and year): Feb 10/1869

7 AGE: Years 57 | Months 6 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Francis Mitchell

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Mitchell

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Hugh D. Gelston

(Address) 3510 E Baimont Ave

15 Filed ..... 19 ..... Registrar

SEP 13 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 26

17 I HEREBY CERTIFY, That I attended deceased from 9-6 1926, to 9-9 1926, that I last saw h alive on 9-9 1926, and that death occurred, on the date stated above, at 6.07 a.m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation, Dilatation, Hypertension

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Reid Dunlop M.D.

9-10 1926 (Address) 1000 N Mt Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: 9/13 1926

20 UNDERTAKER: Philip Hennig — ADDRESS: Oliver St

very important. See instructions on back of certificates.

Spec. 12-9-25 A.C. 200 Bks.

E 14054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14054

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Coe

(a) RESIDENCE NO. 113 N. Port St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha Coe

6 DATE OF BIRTH (month, day, and year) Nov 1 1841

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
84	85	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Nicholas Shock

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed ..... 19 .... Registrar

D 13 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 11 1926

17

I HEREBY CERTIFY, That I attended deceased from October 26, 1925, to September 11, 1926, that I last saw her alive on September 10, 1926, and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Senility

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) C. Beeper Smith, M. D.

Sept 12 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem Date of Burial 9/14 1926

20 UNDERTAKER Philip H Reuid ADDRESS 2016 Orleans st

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14055 E 14055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 733 Spring Hill Terrace 27-9 Registered No. 100 801

City of BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Jane Francis

(a) Residence No. 733 Spring Hill Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Francis

6-DATE OF BIRTH (month, day and year) July 15 1835

7-AGE, 91 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work, Housework 077

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Jane Barrett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Thomas W. Francis

(Address) 234 N. Chester St.

15- Filed ..... 19.. C. THOMPSON JONES, M. D.

OCT 3 1926 Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) September 12/26

17- I HEREBY CERTIFY, That I attended deceased from Aug 26/26 19 26 to September 12 19 26.

that I last saw h... alive on September 12 19 26.

and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. O'Connor M. D.

19 (Address) 4704 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 9/15/26 19..

20-UNDERTAKER, Emily O'Leary ADDRESS 2106 Orleans St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 14056
1-PLACE OF DEATH

REGISTERED NO. E 14056

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2430 Foster ave ST. 1-2 WARD)

2-FULL NAME George H. Weber

(a) RESIDENCE No. 2430 Foster ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Weber

6 DATE OF BIRTH (month, day, and year) Oct. 29. 1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) — —

12 MAIDEN NAME OF MOTHER — —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — —

14 Informant George O Conner
(Address) 2430 Foster ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1925, to Sept. 11th, 1926, that I last saw him alive on Sept 8th, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 11 mos 1 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O'Hara Jones, M. D.

9/11, 1926 (Address) 101 N. Elwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abington, Harford Co., Md — DATE OF BURIAL Sept. 13 1926

20 UNDERTAKER Ginkler + Ginkler — ADDRESS 1739 E. Eager st.

Spec.—6-9-19—H. P. Co.—1000 Bks.

14057.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924 B 14057

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 10 N Carrollton ave ST. 18-2 WARD

2-FULL NAME Mary Eugenia Holden

(a) RESIDENCE. No. 10 N Carrollton Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Jackson Holden

6 DATE OF BIRTH (month, day, and year): Jany 16 - 1868 -

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsw -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Eugene A. Batham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto -

12 MAIDEN NAME OF MOTHER: Mary Luckett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia -

14 Informant: George A Holden
(Address): 10 N Carrollton -

15 Filed 19 C. HAMPSON JONES, M. D. Registrar
SEP 13 1926 Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 1 - 1926, to Sept 11, 1926,
that I last saw h[illegible] alive on Sept 10 - 1926,
and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Splenic anemia (Banti's disease
3 yrs. from history - From personal knowledge (duration) yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary): Toxaemia - Chronic nephritis - Acute. (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? None Date of —

Was there an autopsy? None —

What test confirmed diagnosis? Blood examinations + physical examination

(Signed) George Abner Bauden M. D.

9/14, 1926. (Address) 517 E. North ave -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept 14 1926

20 UNDERTAKER: John J. Fields ADDRESS: 1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

14058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 14058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 James ST. 21-2 WARD)

2-FULL NAME Mary E. Baer

(a) RESIDENCE NO. 1206 James ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Baer

6 DATE OF BIRTH (month, day, and year) Jan 1 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henrie Garnier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs H Baer

(Address) 1206 James st

15 Filed SEP 13 1926 C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/11 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/1 —, 1926, to 9/11 —, 1926

that I last saw h alive on 9/11, 1926,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr Cerebral Hypertension & Arteriosclerosis

(duration) 3 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Reese, M. D.

9/11, 1926 (Address) 2105 N Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Sept 14 1926

20 UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

FROM is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14059

CERTIFICATE OF DEATH.

1/29 E 14059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2243 N Fulton ave ST., 13-5 WARD)

2-FULL NAME Charles Carroll Wagner

(a) RESIDENCE NO. 2243 N Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Wagner

6 DATE OF BIRTH (month, day, and year) June 20 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Charles H Wagner

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Wilhelmina Stenson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Henrietta Wagner (Address) 2243 N Fulton ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1926 to Sept 10 1926.

that I last saw h~~im~~alive on Sept 10 1926,

and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Fred L Jewett, M. D.

, 19 (Address) 2516 Pennsylvania ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Sept 14 1926

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

E 14060

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 14060

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto., Md.

CITY OF BALTIMORE: (No.) 1738 N. Ashland ST., 7-1 WARD)

2-FULL NAME Jean Sylvia Brown

(a) RESIDENCE No. 1738 N. Ashland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): X

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Aug 30 1926

7 AGE — Years | Months | Days: 13 | If LESS than 1 day, hrs. or min.: 12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: X

(b) General nature of industry, business, or establishment in which employed (or employer): ditto

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): 1738 N. Ashland Balto., Md

PARENTS

10 NAME OF FATHER: James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Leonida Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: James Brown (Address) 1738 N. Ashland Ave

15 Filed ..... 19 ..... Registrar

J. C. THOMPSON JONES, M. D.

SEP 3 1926

For R.E.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1926, to Sept. 12, 1926

that I last saw her alive on Sept 11, 1926

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth of 6 mos.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Premature birth 6 mos.

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs of Prematurity

(Signed) Jas. R. Blacker, M. D.

9/12 1926 (Address) 1417 Jefferson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: Sept 13 1926

20 UNDERTAKER: Mrs J. G. Locke

ADDRESS: 1302 Jefferson St.

Spec.—1-12-23—M&T—500 Bks.

E 14061 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 14061

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Schley Ave ST. 27-13 WARD)

2-FULL NAME Charles Leonard Van Horn

(a) RESIDENCE NO. 908 W. Schley Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
(1) HUSBAND of
(2) WIFE of husband of Margaret Kemp Van Horn

6 DATE OF BIRTH (month, day, and year) June 19. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer) Plasterer

(c) Name of employer Retired

9 BIRTHPLACE (city or town) ..... (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Van Horn

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Melvina Pasterfield

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Balt

14 Informant Jesse R Wyatt

(Address) 908 Schley Ave.

15 Filed SEP 13 1926, 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to Sept 10, 1926, that I last saw h... alive on Sept 10, 1926 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

hypostatic pneumonia

& Arteriosclerotic Gangrene

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (General) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Claud Smith, M. D.

Sept 13, 1926 (Address) 4762 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Sept 14 1926

20 UNDERTAKER Wendell Dippel & Son — ADDRESS 378 Nm

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14062 — CERTIFICATE OF DEATH. — E 14062

REGISTERED NO. 188-003

1-PLACE OF DEATH Maryland General Hospital

City of BALTIMORE: (No. ____ St. 11-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Perry

(a) RESIDENCE NO. Chesterton Rd St. D #6 Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11, 1883 Sept 24, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or 65 min.
42	43	10	0	1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kent County

(State or country) Md.

PARENTS

10 NAME OF FATHER James Perry

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Clark

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Maryland

14 Informant [redacted] Brother (Address) Deceased

15 Filed ____ 19 ____ C. PARSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia due to fracture of rib. (Fracture)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Contributing accidental ac. alcoholism

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. T. Neilson, M. D. (Coroner)

Sept 24, 19 26 (Address) 200 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. 1 ds. In the State 43 yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? Between Manchester & Pen Lee

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Fairlee Kent Co Md.	Sept 15 1926.

20 UNDERTAKER Harry H Armacost ADDRESS 4704 Ridgewood Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14063

CERTIFICATE OF DEATH.

33 E 14063

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp 27-6 WARD)

2-FULL NAME Irvin Levin

(a) RESIDENCE NO. Maryland General Hospital 37 Cold Spring Lane WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 29 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Levin

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Greenfield

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Harry Levin
(Address) 137 Cold Spring Lane

15 Filed SEP 13 1926 19 C. HAMPSON JONES, M. D. Registrar
per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/26 19

17

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1926, to Sept 12, 1926, that I last saw h alive on Sept 12, 1926, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Spina Bifida

(duration) 1 yrs. 2 mos 14 ds.

CONTRIBUTORY (Secondary) Probable Tuberculous Peritonitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of 8-23-26

Was there an autopsy? Refused

What test confirmed diagnosis? Clinical

(Signed) Jno A Lanahan M. D.

9/14 19 26 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 9/13 19 26

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

FROM a very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14064

CERTIFICATE OF DEATH.

188-083

E 14064

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 93 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Julia C. Ay

(a) RESIDENCE NO. 2518 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Otto W. Ay

6 DATE OF BIRTH (month, day, and year) Feb 15/1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Mollie T. Warmick

(Address) 34 W. Hamilton Ave

15 Filed 19 1926 C. HARRISON JONES, M. D. Registrar

By K.A.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Sep 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Odema -Fractured Skull at base -Struck by automobile 2500 Harford Ave (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Jones, M. D. (Coroner)

9/13-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Wed Sept 15 1926

20 UNDERTAKER Henry Hoech & Sons ADDRESS 1301 E Eager St

Very important. See instructions on back of certificate.

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14065

161-001

CERTIFICATE OF DEATH.

E 14065

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1717 Alicesana St., 7-2 Ward)

2-FULL NAME ~~Child Birth~~ Child of Milton & Anna Balcerowicz

(a) RESIDENCE NO. 1717 Alicesana St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9/12/26

7 AGE ~~Strike Out~~ Years ___ Months ___ Days ___ IF LESS than 1 day 2 hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Md

PARENTS

10 NAME OF FATHER Milton Balcerowicz

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Anuszewska

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Md

14 Informant Milton Balcerowicz

(Address) 1717 Alicesana St

15 Filed ___ 19___ Registrar

Per ___

Paid 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12 19 1926

17 I HEREBY CERTIFY, That I attended deceased ~~from~~ Sept 12, 1926, to ___, 19___, that I last saw ~~her~~ alive on Sept 12, 1926, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 months

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Lived 2 hours

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted (if not at place of death) —

Did an operation precede death? no Date of ___

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank Januszkis, M. D.

1926 (Address) 2403 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial 9/13 1926

20 UNDERTAKER Wm Giacomelli ADDRESS 161 Easden

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14066

CERTIFICATE OF DEATH.

188-003

E 14066

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Young

(a) RESIDENCE NO. Virginia Ave Essex Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 18/1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Essex

(State or country) Balto Co.

PARENTS

10 NAME OF FATHER Wm T. Young

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Hilda Marsh

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Wm T Young

(Address) Va ave Essex

15 Filed.....19..... Registrar

SEP 13 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture Liver

Auto truck accident. He was hanging on back of truck & fell between Differential (duration) ..... yrs. ..... mos. 12 hrs

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ..... yrs. ..... mos. 12 hrs

(Signed) James M Fenton M. D.

(Coroner)

9/12 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos., 12 hrs In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Va ave Essex

Former or usual residence Va ave Essex

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

Date of Burial 9/14/1926

20 UNDERTAKER John G. Connelly

ADDRESS Essex Md.

very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14067

E 14067

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital St. 15-9 Ward) 188-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J. Gartside

(Residence in Baltimore: No. 2747 West North Avenue St.; yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: September 28, 1851
(Month) (Day) (Year)

7-AGE: 74 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Mr. Foster

11-BIRTHPLACE OF FATHER, (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Miss Graham

13-BIRTHPLACE OF MOTHER, (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Gartside

(Address) 2747 West North Avenue

15-

Filed SEP 13 1926 HARRY JONES, M. D.

By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 10, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable fracture of skull

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Johnson M. D.
(Coroner.)

Sept. 10 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dove's Ridge Cem. DATE OF BURIAL: Sept. 13, 1926

20-UNDERTAKER: Jacob B. Cook ADDRESS: 1003 N. Bates St.

Spec.—1-10-21—M&T—1500 Bks.

E 14068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 14068

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 West 40th. Street, 13-4 WARD)

2-FULL NAME NINNA STEINMUELLER

(a) RESIDENCE NO. 610 West 40th. Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Steinmueller

6 DATE OF BIRTH (month, day, and year) Jan. 12th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Bruning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Theo. A. Steinmueller

(Address) 610 West 40th. street

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12th 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1926, to Sept 12, 1926, that I last saw h alive on Sept 11, 1926, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Heart Block.

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jefferson Buell M. D.

9/12 1926 (Address) 2844 St. Paul Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

UNDERTAKER Joseph B Cook

DATE OF BURIAL Sept. 14, 26

ADDRESS 1063 W Balto St

Spec.—1-12-23—M&T—500 Bks.

E 14069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

REGISTERED No. E 14069

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore Gen' Hospital

CITY OF BALTIMORE: (No. Rayner and Duke land St. 21 WARD)

2-FULL NAME Henry Mendell

(a) RESIDENCE No. 1135 Ward St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 29-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		8.	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry F. Mendell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rose Lafferty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr Henry F. Mendell

(Address) 1135 Ward St

15 Filed , 19 R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/8/26, 19 to 9/12, 19 26

that I last saw him alive on 9/12, 19 26,

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Cute ileo-colitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Wilde, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Sept 14th 19 26

UNDERTAKER John F. Cannon & Son Geo F. Cannon

ADDRESS 901 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14070

CERTIFICATE OF DEATH.

31

E 14070
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 802 W Saratoga St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Coale

(a) RESIDENCE NO. 802 W Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Coale

6 DATE OF BIRTH (month, day, and year) March 14 - 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of indnstry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER William Coale

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Towe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Nellie Coale

(Address) 802 W Saratoga St.

15 Filed SEP 13 1926 16 Per C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11- 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Sept 11, 1926, that I last saw h.im alive on Sept 11, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jerry Glassman, M. D.

Sept 12 1926 (Address) 1687 Mercer St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Date of Burial Sept 15th 1926

20 UNDERTAKER John E. Cowan & Son ADDRESS John E. Cowan 901 Druid Hill Ave

Very important. See instructions on back of certificate.

Spec.—12-9-25—7G—Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1950

E 14071

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

2nd E 14071

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSP. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Sampson

(a) RESIDENCE NO. 609 (609) N. Spring St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 21 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 21 1924. (estimated)

7 AGE: Years 1; Months 21; Days 21; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto.

PARENTS

10 NAME OF FATHER: Andrew Sampson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Jeannette Gough

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Records

(Address): JOHNS HOPKINS HOSP.

15 Filed 3 1926, 19 T. THOMPSON JONES, M. D. Registrar

per FAC.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1926, to Sept 12, 1926, that I last saw her alive on Sept 12, 1926, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebrospinal Meningitis

(duration) ... yrs. ... mos. 22 ds.

CONTRIBUTORY (Secondary) Convulsions - apparently due to meningeal hemorrhage

Terminal (duration) ... yrs. ... mos. 1/2 hrs.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) H. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cem.

Date of Burial: 9/14. 1926.

20 UNDERTAKER: Mrs Chas G. Bailey

ADDRESS: 1422 Jefferson.

Very important. See instructions on back of certificate.

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14072
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 **E 14072**
REGISTERED NO.

City of BALTIMORE: (No. 906 West Lombard St. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Reilly

(a) RESIDENCE NO. 906 West Lombard St. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella B. Reilly

6 DATE OF BIRTH (month, day, and year) October 29, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) M.S. Levy & Sons
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Wexford, Ireland

PARENTS

10 NAME OF FATHER James Reilly,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wexford, Ireland

12 MAIDEN NAME OF MOTHER Frances Merryman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Wexford, Ireland

14 Informant Mrs. Ella B. Reilly
(Address) 906 West Lombard Street

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
September 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1926, to Sept. 13, 1926, that I last saw h.. alive on Sept 13, 1926, and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Blood Analysis etc.

(Signed) J. Chesterton, Coroner, M. D.

19 (Address) Sept. 13, 1926, 888 West Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
New Cathedral Cemetery — Sept. 16, 26

20 UNDERTAKER — ADDRESS
Joseph D. Cook — 1003 N. Gay St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14073

CERTIFICATE OF DEATH.

90 E 14073

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3043 Belmont Avenue St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Gambrill

(a) RESIDENCE NO. 3043 Belmont Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Joseph J. Gambrill

6 DATE OF BIRTH (month, day, and year): December 2, 1834

7 AGE: Years 91 | Months 9 | Days 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore County, Md.

PARENTS

10 NAME OF FATHER Joshua Young

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Susan Carrick

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant Frank Gambrill

(Address) 3043 Belmont Avenue

15 Filed SEPT 14 1926 19 N. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 September 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Sept 13, 1926, that I last saw h[illegible] alive on Sept 12, 1926 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis-myocarditis.

High blood pressure ~~note~~

From personal knowledge about 10 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rectal Hemorrhage - & paralysis - fracture of back arms - about 3

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Personal

(Signed) W. S. Niblett, M. D.

Sept 13, 1926 (Address) 2220 Garrison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Sept. 15, 26

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 N Gilmor St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14074

1-PLACE OF DEATH

CERTIFICATE OF DEATH

E 14074

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 101 S. Fourth St. St., 26 Ward)

2-FULL NAME John Hiltl

(a) RESIDENCE NO. 101 S. Fourth St St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Hiltl

6 DATE OF BIRTH (month, day, and year) Oct. 7-1863.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER John Hiltl

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Theresa Braver.

(Address) 101 S. Fourth St.

SEP 14 1926

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11-1926

17 I HEREBY CERTIFY, That I attended deceased from Apr., 1926, to Sept. 11, 1926, that I last saw him alive on Sept. 11, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

8 6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted at home

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank A. Glantz, M. D.

Sept 13, 1926 (Address) 3244 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Sept 14 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

E 14075

CERTIFICATE OF DEATH.

E 14075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1642 W. North Ave St. 45E Ward)

2-FULL NAME Johanna Inayer

(a) RESIDENCE NO. 1642 W. North ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Inayer.

6 DATE OF BIRTH (month, day, and year): Sept. 29. -1850

7 AGE: Years 75 Months 11 Days 13. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER — Zwickel

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Mary C. Inayer

(Address) 1642 W. North ave

15 Filed....., 19..... Registrar

SEP 14 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

arterio sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

(Signed) J. F. T. Kenney M. D.
(Coroner)

9/13/26 (Address) 2802 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Sept. 14, 26

20 UNDERTAKER: Josiah Syfer. — ADDRESS: 1600 W. North ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14076

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2627 Hafer St., 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Natalie G Lahner

(a) Residence No. 2627 Hafer St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 25

7-AGE, 1 yrs. 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. child

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Max L Lahner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Lillian Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) U. S. & Md

14- (Informant) Max L. Lahner

(Address) 2627 Hafer St

15- Filed 1926 C. E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 13/26

17- I HEREBY CERTIFY, That I attended deceased from Aug 27, 1926, to Sept 12, 1926, that I last saw her alive on Sept 12, 1926, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 16 days

Pertussis — 3 weeks.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Keller Hemmeter M. D.

9/13, 1926 (Address) 2000 Hallows St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Celine Cem DATE OF BURIAL, Sept 14 1926

20-UNDERTAKER. Williamson & Son ADDRESS E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 14077 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 35 W WARD)

REGISTERED NO. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Smeltus

(a) RESIDENCE NO. 442 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Smeltus

6 DATE OF BIRTH (month, day, and year) Aug 30, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Michael Devaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary (Mulqueen)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Charles Smeltus (Address) 442 Aisquith

15 Filed ....., 19 .... Registrar

CHAPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12 1926

17

I HEREBY CERTIFY, That I attended deceased from August 19, 1926, to September 12, 1926, that I last saw h.e alive on September 12, 1926, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Hyapu Smith M. D.

Sept 13 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn DATE OF BURIAL Sept 15 1926

20 UNDERTAKER Wm E Cook ADDRESS 502 E Madison

Spec.—1-12-23—M&T—500 Bks.

Dr Fetterhoff Recompared

E 14078 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14078

CERTIFICATE OF DEATH.

179

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2611 Maryland Ave (ST., 42-3 WARD)

2-FULL NAME Annie V. Ford

(a) RESIDENCE No. 2611 Maryland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
About	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Rev George F. Kromer

(Address) 2523 Maryland Ave

15 Filed SEP 14 1926 C. HARRISON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to Sept 12 1926, that I last saw h e alive on Sept 12 1926, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Nephritis and Chronic Myocarditis

(duration) about yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) Dr C Fetterhoff M. D.

9/13 1926 (Address) 2724 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 15 1926

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—12-9-26a Co.—200 Bks.

1926 E 14079

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

E 14079

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSP St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Johnson

(a) RESIDENCE NO. 849 Vine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elias

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 37 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid - 70

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Ind -

PARENTS

10 NAME OF FATHER: John Chapman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ind -

12 MAIDEN NAME OF MOTHER: Ella Grace

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ind.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19.. C. HERBERT JONES, M. D. Registrar

SEP 14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1926, to Sept. 12, 1926, that I last saw h~~e~~ alive on Sept 12, 1926, and that death occurred, on the date stated above, at 10 40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis - site of primary growth not yet determined.

(duration) ...yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy -

(Signed) E. Cowles Andrus, M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Retterton Md Sept 14 1926

20 UNDERTAKER: Daniel Easton ADDRESS 916 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14080

CERTIFICATE OF DEATH.

E 14080

1-PLACE OF DEATH

City of BALTIMORE: (No. 2404 St Paul St. 12-3 90 Ward)

Registered No.....

2-FULL NAME. Martha C. Greenwood

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2404 St Paul St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, under Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo. C. Greenwood

6-DATE OF BIRTH (month, day and year) May 17, 1839

7-AGE 89 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Cecil Co. Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Wm. W. Rutter

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Sarah J. Hyland

13-BIRTHPLACE OF MOTHER (city or town)..... Cecil Co.
(State or Country), Md.

14-

(Informant) Mrs. E. F. Kinnear

(Address)..... 2404 St. Paul St.

Sept 15 1926 THOMPSON JONES, M. D.
Registrar

Per ..... Jno. Ottetell 120 Lexington St.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 13. 26

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1926, to Sept. 13, 1926,

that I last saw h.. alive on Sept. 12, 1926,

and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Some yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (cardiac decompensation)

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No.

What test confirmed diagnosis?.....

(Signed) Thos. M. Settle, M. D.

9/13, 1926 (Address) 2435 Maryland Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL.

St. Pauls Kent Co. Md Sept 15, 1926

20-UNDERTAKER. ADDRESS

John Ottetell 120 Lexington St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14081 E 14081

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Apartments (Ward) 12-3

2-FULL NAME Alice M. Gettier

(a) RESIDENCE NO. Charles & 31. Sts. ST., Homewood WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John L. Gettier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Barbara Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John L. Gettier (Address) 3315 Guilford Ave

15 Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1924, to Sept 11, 1926, that I last saw her alive on Sept. 11, 1926 and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs and X-ray

(Signed) Joseph W. Kelly, M. D.

, 19 (Address) 1297 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount DATE OF BURIAL Sept. 14 1926

20 UNDERTAKER John A. Mitchell ADDRESS 120 W. Fayette St.

TION is very important. See instructions on back of certificate

Cor.—12-9-25—A Co.—200 Bks.

E 14082

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14082

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital Ward)

2-FULL NAME Benjamin Pearce

(a) RESIDENCE NO. Sparks, Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Pearce

6 DATE OF BIRTH (month, day, and year) March 4 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Harford Co, Md

PARENTS

10 NAME OF FATHER Pacid Pearce

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Enger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Ellen Pearce

(Address) Sparks, Md

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.), thereon and from the evidenee obtained by said Inquest find that said deceased came to his death on the day stated above. (Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. 1½ hours

CONTRIBUTORY (Secondary) Suicide - Jumped out 3rd story window Franklin Sq. Hosp.

(duration) yrs. mos. ds.

(Signed) Thos B. Horton M. D.

(Coroner)

9/13 1926 (Address) Curtis Bay, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Sept 15 1926

20 UNDERTAKER Co. ADDRESS W. C. Brooks Sparks Md

14 1926

Cor.—12-9-25—A Co.—200 Bks.

14083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001 E 14083

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 10-K Ward)

2-FULL NAME Amelia Richardson

(a) RESIDENCE NO. 1430 E. Monument St St. _____ Ward Lif

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Richardson

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Matron do

(b) General nature of industry, business, or establishment in which employed (or employer) Day Nursery

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER David Dasey

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Maria Tillman

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Thomas Richardson

(Address) 1430 E. Monument St

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Strangulated Umbilical Hernia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) [signature] M. D.

(Coroner)

9/13/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Sept 14. 1926

20 UNDERTAKER: Jere R A Elliott — ADDRESS: 1725 [illegible]

Spec.—1-10-21 M&T 1500 Blks.

E 14084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 12-531

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Johnson (Stanton)

(a) RESIDENCE No. 2004 Huntis ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or estahlishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Stanton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant City Hospital Records (Address)

15 Filed 9 4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 11 1926

17

I HEREBY CERTIFY, That I attended deceased from August 16, 1926, to September 11, 1926,

that I last saw h[illegible] alive on September 10, 1926,

and that death occurred, on the date stated above, at 6 59 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - generalized

involvement of the

viscera

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Impaction dentis - Anemia (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Stoops Linthicum, M. D.

Sept 12 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 9/14 1926

20 UNDERTAKER Byron Knight

ADDRESS 1218 McElderry St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14085

CERTIFICATE OF DEATH.

1-001 E 14085

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 402 E Biddle St., 11-3 Ward)

2-FULL NAME John Joseph Carrigan

(a) RESIDENCE NO. 402 E Biddle St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine M. Carrigan

6 DATE OF BIRTH (month, day, and year): May 21 1884

7 AGE: Years 42 | Months 3 | Days 21 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic 506

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Empire Bros

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Michael Carrigan

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Katherine Dolan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant (Address): Katherine M. Carrigan 402 E Biddle

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1926, to Sept 12, 1926, that I last saw h[illegible] alive on Sept 12, 1926, and that death occurred, on the date stated above, at 1.35 PM m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) ... yrs. ... mos. 20 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ... yrs. ... mos. 7 ds.

Bowels

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) James M Denton, M. D.

9.15. 1926 (Address) Love Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: 9/15/26

20 UNDERTAKER: Rita Widefield — ADDRESS 914 Fremont Ave

14 1926

Spec.—1-10-21—M&T—1500 Bks.

E 14086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14086

CERTIFICATE OF DEATH.

5W

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Hollins St ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blanche Maull

(a) RESIDENCE No. 1604 Hollins St ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? 51 yrs. 7 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb. 2nd. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51	7m	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward A. Maull

11 BIRTHPLACE OF FATHER (city or town) Lewes
(State or country) Del.

12 MAIDEN NAME OF MOTHER Elizabeth A. Shane

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs. Wm. H. Jurney (Aunt)
(Address) 908 Norfolk Ave.

15 Filed SEP 14 1926 By HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1926 to Sept 12 1926.

that I last saw her alive on Sept 12 1926

and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Multiple Cerebral Emboli (duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edgar F. Barnes, M. D.

, 19 (Address) 16 or 79 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Sept. 15 1926

20 UNDERTAKER STEWART & MOWEN COMPANY

ADDRESS 136 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14087

CERTIFICATE OF DEATH.

90 E 14087

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Collison

(a) RESIDENCE NO. Preston & Baker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Delia Holland.

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 66. Months. Days. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: Edward Collison

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth McFadden

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sister Florence

(Address): Preston & Baker

15 Filed 19

Per Registrar

14 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 19 26

17 I HEREBY CERTIFY, That I attended deceased from No Record, 19, to, 19,

that I last saw h... alive on Sept 9, 19 26

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert, M. D.

12, 1926 (Address) 1133 Hadley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cem. Date of Burial 9/15/26 19

20 UNDERTAKER: Geo. J. Puth & Son ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14088

CERTIFICATE OF DEATH.

144

E 14088

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Agnes Hosp ST. 70 B WARD)

2-FULL NAME Mrs. Mattie Baker.

(a) RESIDENCE NO. 2113 N. Lexington St. ST., City WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write this word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Baker

6 DATE OF BIRTH (month, day, and year) Jan 14 1890

7 AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	36	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Wm Dunkin

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Barbara Reddington

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant John Baker (Address) 2113 N. Lexington St.

15 Filed SEP 14 1926 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 19 26

I HEREBY CERTIFY, That I attended deceased from 9-12, 1926, to 9-12, 1926.

That I last saw her alive on 9-12, 1926

And that death occurred, on the date stated above, at 8:45 a m.

The CAUSE OF DEATH* was as follows:

Post-Partum hemorrhage following delivery by mid-wife 1/24 hr

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Normal pregnancy & delivery (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) J. Theron Hunter M. D.

(Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Hospital

DATE OF BURIAL Sept 16 1926

20 UNDERTAKER F. A. Krause & Son

ADDRESS 703 Hanover St

Died Sept 13/26 Hosp
Cause of Death Post Partum Hem

Spec.—12-9-25—A Co.—200 Blks.

E 14089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14089

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1625 Hilton St, 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emeline E.Schoenijahn

(a) RESIDENCE NO. 1625 Hilton St St. Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. C mos. ds. How long in U. S., if of foreign birth? 51 yrs. 4 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis H.Schoenijahn

6 DATE OF BIRTH (month, day, and year)
May 10th. 1875

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
51	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) New York City
(State or country) N.Y.

PARENTS

10 NAME OF FATHER Conrad Abelman
11 BIRTHPLACE OF FATHER (city or town) New York
(State or country) N.Y.
12 MAIDEN NAME OF MOTHER Caroline Conrad
13 BIRTHPLACE OF MOTHER (city or town) New York
(State or country) N.Y.

14 Informant Mr. Louis H.Schoenijahn (Husband)
(Address) 1625 Hilton St - Walbrook

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Sept 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1926, to Sept 11th, 1926, that I last saw h[illegible] alive on Sept 10th, 1926, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Cardiac Dysfunction
(durntion) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted
If not at place of death
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [signature], M. D.
(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: Sept. 13th 26

20 UNDERTAKER: Jos Sweeden + Son — ADDRESS: 217 S. Paca

[illegible] 1526 [illegible] JONES, M. D.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 14090 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1288 Pennsylvania Ave ST 24 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Castille

(a) RESIDENCE. No. 1288 Pennsylvania Ave. 24 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 13 1926

7 AGE	Years	Months	Days	If LESS than 1 day, 11 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Martin C. Castille

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Alberta M. Flagg

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Mr Castille

(Address) 1288 Pennsylvania

15 Filed SEP 14 1926, 19— JAMES H. JONES, M. D. Registrar

By R M

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1926, to Sept 13, 1926

that I last saw h in alive on Sept 13 1926

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

New Born

Abnormal Premature

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) H. C. L. Campbell M. D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross AA &	9-14 1926

20 UNDERTAKER E T B Hanke ADDRESS 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

Macauley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14091

43 E 14091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Old York Rd. 9-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Macaulay

(a) RESIDENCE NO. 3527 Old York Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Macaulay

6 DATE OF BIRTH (month, day, and year) Sept - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) Roland

(c) Name of employer Pays bo.

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER David Macaulay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Eliz. Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Eliza Macaulay

(Address) 3527 Old York Rd.

SEP 14 1926 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/26 19

17 I HEREBY CERTIFY, That I attended deceased from 3/12/26, 19..., to 9/12/26, 19...

that I last saw him alive on 9/11/26, 19...

and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma ?

maxillary sinus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) H. O. Taddess M. D.

9/13/26 (Address) 321 - E 20th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	9/14/26

20 UNDERTAKER J. A. Moran

ADDRESS E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 14092

CERTIFICATE OF DEATH.

E 14092
REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 E. Lexington ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Jones

(a) RESIDENCE No. 1127 E. Lexington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas A. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anita Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anita Jones (Address) 1127 E. Lexington St

15 Filed SEP 14 1926, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1926, to Sept 12, 1926, that I last saw h[illegible] alive on Sept 12, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis Pneumonia

(duration) 1 yrs. 3 mos 4 ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George S. Fellen M. D.

Sept 13 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. DATE OF BURIAL Sept. 14 1926

UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Gilmor St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14093

CERTIFICATE OF DEATH.

113 **E 14093**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 S. Wolfe Street St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter . Majerowicz

(a) RESIDENCE NO. 400 S. Wolfe Street St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER James . Majerowicz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Lillian Rogowski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Mr . James. Majerowicz

(Address) 400 S. Wolfe Street

15 Filed _____ 19__ C. HAMPSON JONES, M. D. Registrar

SEP 14 1926 Pat. RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1926, to Sept 13 1926, that I last saw him alive on Sept 13 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rogowski M. D.

Sept 13 1926 No. of Lehmert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus Cem. Sep. 14 1926

20 UNDERTAKER — ADDRESS

John McWeber 803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 14094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 14094

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Penna ave ST. 17-1 WARD)

2-FULL NAME Hodges Ford

(a) RESIDENCE NO. 1001 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Ford

6 DATE OF BIRTH (month, day, and year) 9 May 1899

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rottoway Va

PARENTS

10 NAME OF FATHER Randel Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va Rottoway

12 MAIDEN NAME OF MOTHER Matilda Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rottoway Va

14 Informant Marie Ford (Address) Cousin

15 Filed FEB 14 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 1. 19 26 to Feb. 10. 19 26

that I last saw h[illegible] alive on Feb 10 19 26

and that death occurred, on the date stated above, at 8.40 A m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yr. 1 mos ds.

CONTRIBUTORY (Secondary) Cold

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) Jas. H. Walters M. D.

19 (Address) 1636 Ashland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurdy

DATE OF BURIAL Sept 14 1926

20 UNDERTAKER Lenard Whaley

ADDRESS 3[illegible] Pratt St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14095 E 14095

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hospital REGISTERED NO. 9803

CITY OF BALTIMORE: (No. ..... ST. 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. Richard C. Curtin

(a) RESIDENCE NO. 265 3 W. Fayette ST. 10th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Catherine McCurtin

6 DATE OF BIRTH (month, day, and year) Feb 22, 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Highway Dept 986

(b) General nature of industry, business, or establishment in which employed (or employer) Fixing Roads

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Maryland

(State or country) Anne Arundel County

PARENTS

10 NAME OF FATHER James Curtin

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Catherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Anne Arundel County Md.

14 Informant Mrs. Thos. R. C. Curtin

(Address) 265 W. Fayette St

15 Filed SEP 14 1926 19 C. THOMPSON JONES, M. D. Registrar

Per 21

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926, to Sept 12, 1926, that I last saw h— alive on Sept 12, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Ulcer stomach with gunting

Carcinoma ventriculi

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

Pneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton M. D.

, 19 (Address) 1 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Sept 14 1926

UNDERTAKER F. B. Kuhlpert ADDRESS 850 W. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14096

CERTIFICATE OF DEATH.

129

E 14096

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. JosephHospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. T. Kennard

(a) RESIDENCE NO. 308 N. Fremont St St. Ward

(Usual place of abode) 45

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Mar 15/1871

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Lexington Market

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Philip Kennard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER XXXX Mears

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Philip Kennard

(Address) Putty Hill Rd (Fullerton)

15 Filed SEP 14 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 13-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis-Alcoholism

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

9/13/26 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

Date of Burial Sept 17 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 W Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14097

REGISTERED NO.

1-PLACE OF DEATH

E 14097

City of BALTIMORE: (No. South Baltimore General Hospital; 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Burke

(a) RESIDENCE NO. 2934 E. Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances M. Burke

6 DATE OF BIRTH (month, day, and year): May 16, 1863

7 AGE: 63 Years | 3 Months | 27 Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) California

PARENTS

10 NAME OF FATHER William Burke

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kennedy

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Frances M. Burke

(Address) 2934 E. Preston St.

15 Filed Sept 14 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per R H C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 11 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1926, to Sept 11, 1926, that I last saw h.. alive on Sept 11th, 1926, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cellulitis post tibia

Gland + Mucous

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Aug 27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 827 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Sept. 15 1926

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14098

CERTIFICATE OF DEATH.

12 9 E 14098

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 20 S Spring ST. 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Reed

(a) RESIDENCE No. 20 S Spring ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Reed

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Morgantown

PARENTS

10 NAME OF FATHER Geo Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Watkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo Butler (Address) 20 S Spring

15 Filed SEP 14 1926 C. HARRISON JONES, M. D. Registrar Per R. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Sept 11, 1926, that I last saw h alive on Sept 11, 1926, and that death occurred, on the date stated above, at 7.40 p m.

The CAUSE OF DEATH* was as follows:

Chronic Brights Dis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Dr Dorsey

What test confirmed diagnosis? albuminuria & casts

(Signed) W Clyde Burns, M. D.

9-11-26 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery — DATE OF BURIAL Sept 14 1926

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14099 E 14099

CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S Streeter ST. 19-1 WARD)

2-FULL NAME Milton R Watts

(a) RESIDENCE NO. 27 S Streeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. 5 mos. 12 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2 - 1926

7 AGE — Years: — Months: 9 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Milton A Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Edna A Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Anthony P Phillips

(Address) 27 S Streeter St

15 Filed 9/14, 1926. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Sept 12, 1926

that I last saw him alive on Sept 12, 1926

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Enteritis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sym & Symptoms

(Signed) Wm A Cox, M. D.

9/13, 1926 (Address) 534 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 9/14 1926

20 UNDERTAKER: Chas. R Kuchmaskas

ADDRESS: 637 W Pratt

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14100

CERTIFICATE OF DEATH.

90 E 14100

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 93 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary D. Kinstendorff

(a) RESIDENCE NO. 1819 E. 31st. St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of or) WIFE of Augustus M. Kinstendorff

DATE OF BIRTH (month, day, and year) Mar. 29, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George Cleland

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Leake

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs. Margaret L. Beitzel
(Address) 1819 E. 31st. St.

C. MAMPSON JONES, M. D.

Filed ..., 19... Registrar

4 1826

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1926, to Sept. 12, 1926, that I last saw her alive on Sept. 11, 1926, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (M.S.)
Chronic myocarditis

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) at least yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	9/15 1926
20 UNDERTAKER	ADDRESS
Henry W. Mears and Son	805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14101

CERTIFICATE OF DEATH.

38 E 14101

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 7-1 WARD)

2-FULL NAME Fannie Seofield

(a) RESIDENCE No. 519 N Bond St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 210

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....
(Address)

15 Filed 4 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-12, 1926 to Sept 8, 1926.

that I last saw her alive on Sept. 8, 1926.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lupus Ulcer Lt Leg. Lues
Rheumatic Cardiovascular disease

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Clinical ..... M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem

DATE OF BURIAL 9/6/26 19

20 UNDERTAKER Harris Eastern

ADDRESS 916 N. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Mellering

84-73

E 14102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Ramsay st. St. 19-2 Ward) REGISTERED No. C 73

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabelle L. Mellering

(Residence in Baltimore: No. 1720 Ramsay st. St.: 5 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Aug (Month) 15 (Day), 1894 (Year)

7-AGE, 32 yrs. mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Cornelius O'Flaherty

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Alice Delany

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mellering

(Address) 1720 Ramsey St

15-

Filed ....., 191....

Registrar.

4 1926 C. H. Mattson, M. D.

Per OKH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 12 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1925, to Sept 12 1926, that I saw h[illegible] alive on Sept 12 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bulbar paralysis

(Duration) yrs. 4 mos. ds.

(Signed) Benjamin Anstaw M. D.

Sept 13, 1926 (Address) 1504 Eutaw pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Sept 15, 1926

20-UNDERTAKER Harry H. Witzke — ADDRESS 1631 N. Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14103 | CERTIFICATE OF DEATH. | 1883 E 14103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 27-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Wilhemina Weber

(a) RESIDENCE NO. 4 Mallett Ave (St.) Mt Washington (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Son - Louis Weber

(Address) 4 Mallett Ave Mt Wash.

15 Filed SEP 16 1926 (Seal)

C. EMERSON JONES, M. D.

Per AKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-11, 1926, to 9-12, 1926,

that I last saw her alive on 9-12, 1926,

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

LEFT HEMOTHRAX, COMPLETE COLLAPSE L. LUNG & RESULTING CARDIAC EMBARRASMENT.

1 ? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) FATTY CHANGE IN LIVER (duration) CHRONIC yrs. mos (?) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES.

What test confirmed diagnosis?

(Signed) T. Thorn Hunt M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Luth. Cemetery, Hereford	Sept 15 1926
20 UNDERTAKER	ADDRESS
Harry A. Weitz & Co	153 W. Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14104 E 14104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. Gen'l Hospital 21-11 74 REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor Dukeland St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Chenoweth

(a) RESIDENCE No. 31 Berwick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Chenoweth

6 DATE OF BIRTH (month, day, and year) Dec 6 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
49	2	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Holtzsynder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Harriet E Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Harry C. Chenoweth (Address) 31 Berwick Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/8/26, 19..., to 9/12, 19 26, that I last saw h alive on 9/12, 19 26, and that death occurred, on the date stated above, at 2:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

, 19 (Address) W. B. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Sept 15 1926

20 UNDERTAKER C Chenoweth & Son 3615 Chestnut ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

NEUWILLER

E 14105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-402

E 14105

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & alley) 4 ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME mrs Ellen m. Neuweiller

(a) RESIDENCE No. 2205 Hemenway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Neuweiller

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 40 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Ralph. Pfarr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Charles Neuweiller

(Address) 2205 Hemenway

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/12/26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1926, to Sept. 12, 1926, that I last saw her alive on Sept. 12, 1926 and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pelvic inflammatory Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Sept. 7-

Was there an autopsy? no operation

What test confirmed diagnosis? clinical

(Signed) H. Ross Cancell M. D.

Sept. 12, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 15 1926

20 UNDERTAKER: Frank Ecker & Son — ADDRESS: 1906 Eutaw

Spec.—1-10-21 M&T 1500 Blks.

E 14106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 8-4 9V REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 8-4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Rezek.

(a) RESIDENCE NO. 2130 Mura St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rezek

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Rezek

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant City Hospital Records (Address)

15 Filed [illegible] 1926 G. THOMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 13 1926

17 I HEREBY CERTIFY, That I attended deceased from September 12, 1926, to September 13, 1926, that I last saw him alive on September 13, 1926, and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

..... (duration) ..... yrs. ..... mos ? ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? General & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 14 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill

DATE OF BURIAL Sept 16 1926

20 UNDERTAKER Price & Ecord Son

ADDRESS 1906 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

E 14107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. C 161-001

CITY OF BALTIMORE: (No. ..... ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wiley

(Residence in Baltimore: No. Riderwood, Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, September 14, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Franklin Square Hosp. Balto. Md.

PARENTS.

10-NAME OF FATHER, Oscar F. Wiley.

11-BIRTHPLACE OF FATHER (State or Country), Parkton, Md.

12-MAIDEN NAME OF MOTHER Bernice Mae Bratton

13-BIRTHPLACE OF MOTHER (State or Country), Greenville, Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Wiley

(Address) Riderwood, Md.

15- SEP 14 1916 C. HAMPSON JONES, M. D.

191... Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to 9/ 1916, that I saw h alive on 8 40 on 9/14 1916, and that death occurred, on the date stated above, at 11 40 m.

The CAUSE OF DEATH* was as follows:

Respiratory failure due to premature delivery 7 A.M. Sept 14 1916 Cause of labor

(Duration) 10 hrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dysmenorrhea labor

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Jones M. D.

191... (Address) 5 E. Dr. Baltz.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Weisburg, Balto. Co. DATE OF BURIAL, Sept. 15, 1916.

20-UNDERTAKER E. Leroy Stafflen ADDRESS, 125 E. North ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14108

CERTIFICATE OF DEATH.

73 E 14108

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. [redacted] St., 73-1 Ward)

2-FULL NAME Henry Vondermahlen

(a) RESIDENCE NO. 16 Poultney St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

Filed [illegible], 1926 C. HAMPSON JONES, M. D.

Per RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1926

17

I HEREBY CERTIFY, That I attended deceased from August 17, 1926, to September 13, 1926, that I last saw him alive on September 13, 1926, and that death occurred, on the date stated above, at 8:15 P.m.

The CAUSE OF DEATH* was as follows:

Transverse Myelitis

Spastic Para plegia

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hobart Smith, M. D.

Sept 14 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial 9/16 26

20 UNDERTAKER Wm F Porter ADDRESS 55 S. Fulton Av

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14109

CERTIFICATE OF DEATH.

E 14109

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 Penna. Ave. St. 14-1 Ward)

2-FULL NAME Jacob Barats

(a) RESIDENCE NO. 1800 Penna. Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Barats

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant N. D. & C. Myers

(Address) 1800 Penna. Ave.

15 Filed C. HAMPSON JONES, M. D.

1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14th 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 19 26, to Sept 14 19 26,

that I last saw h.im alive on Sept 13 19 26,

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

and Liver

(duration) yrs. 8 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory.

(Signed) J. L. Zierler, M. D.

Sept 17 19 26 (Address) 1123 Poplar Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Hebrew Rit Ausmel	9/18/26
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Eks.

14110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14110

CERTIFICATE OF DEATH.

Registered No. 16001

1-PLACE OF DEATH

City of BALTIMORE (No. 1156 Hamburg St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos Hamilton Creamer

(a) Residence No. 1156 Hamburg St., 21 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE None

6-DATE OF BIRTH (month, day and year) Aug 29, 26

7-AGE. 16 yrs. mos. 15 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or Town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Thos Creamer

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Helen Sheppard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14-Informant Thos Creamer

(Address) 1156 Hamburg St

15-Filed 1926 By C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 14 26

17-I HEREBY CERTIFY, That I attended deceased from Aug 29 19.. to Sept 7 19 26

that I last saw h.. alive on Sept 7 19 26

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) yrs. 7 mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? None Date

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) John F Schumacher M D

, 19 (Address) 11 Newington Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem DATE OF BURIAL. Sept 15, 1926

20-UNDERTAKER. William Lee ADDRESS 302 E Pratt

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14111

CERTIFICATE OF DEATH.

90 E 14111

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3002 Kate Ave ~~St.~~ 15-1 (WARD)

2-FULL NAME Martin L. Bandel

(a) RESIDENCE No. 3002 Kate Ave ~~St.~~ WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Late Mary L Bandel

6 DATE OF BIRTH (month, day, and year) January 9th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7 8	4 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John H Bandel

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER L Anderson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs John G Wilson

(Address) 862 Park Ave

15 Filed ..... 19 1926 Per .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to Sept 13 1926, that I last saw h.. alive on Sept 12 1926, and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis
(Acute Cardiac Dilitation)
(Pulmonary Edema)
Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteri - Sclerosis
Unknown (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Yoell M. D.

9/13, 1926 (Address) Wylie or Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Sept 15 1926
20 UNDERTAKER	ADDRESS
Henry H Jenkins & Sons Co	The College Orchard

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14112

CERTIFICATE OF DEATH.

X 31 E 14112

REGISTERED NO.

1-PLACE OF DEATH U. S. Marine Hosp #1.

CITY OF BALTIMORE: (NO.) Bath rd ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Strauss

(a) RESIDENCE NO. 15 Dorchester St. Glasgow Scot. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? 3 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan 23, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer S/S Bellflower

BIRTHPLACE (city or town) (State or country) Russia.

10 NAME OF FATHER John Strauss.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Self

(Address) —

Filed SEP 15 1926 Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13th 1926.

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to Sept 13, 1926.

that I last saw h[illegible] alive on Sept 13, 1926 4 p.m.

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Interstitial Pneumonia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) (a) Tuberculosis Laryngeal. Died at Municipal.

(duration) yrs. (b) 3 mos. 1 wk. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings + Laboratory exam.

(Signed) W W Benton M. D.

9/13, 1926 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemetery

DATE OF BURIAL Sept 15, 1926

20 UNDERTAKER Jos Gunson & Bro

ADDRESS 1127 E Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14113

CERTIFICATE OF DEATH.

94 001

E 14113

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of Re St. 307 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Price

(a) RESIDENCE NO. Preston & Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S., if of foreign birth? ...yrs. ...mos. ...ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

~~5a If married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Martha Hodgkins

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	about 72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Price

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER Lucy Deigle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Superior

(Address) Preston & Caroline

15 Filed ..., 19... Registrar

15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Sept 12 1926

17

I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,

that I last saw h. alive on Sept 11, 1926

and that death occurred, on the date stated above, at 9 45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner M. D.

Sept 13, 19 (Address) 1133 Valley n

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae — Date of Burial: 9/16 1926

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Greenmount ave

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14114

CERTIFICATE OF DEATH.

45 E 14114

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 711 MC HENRY St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ONA YUSKOVSKI OR YOUSKAUSKAS

(a) Residence No. 711 MC HENRY St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Married

5a-If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin YUSKAUSKAS

6-DATE OF BIRTH (month, day and year) No. 1871

7-AGE.	If LESS than 1 day.
55 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... No
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)...Lithvania
(State or Country),

PARENTS.

10-NAME OF FATHER, Jacob Bielckas

11-BIRTHPLACE OF FATHER (city or town). Lithvania
(State or Country),

12-MAIDEN NAME OF MOTHER, Margaret Baltskevich

13-BIRTHPLACE OF MOTHER (city or town). Lithvania
(State or Country),

14-
(Informant)..Martin..Yuskauskas
(Address)....711..Mc..Henry..Street.....

15-
Filed ... 1926 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 13/26

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5 1926 to Sept 13 1926
that I last saw her alive on Sept 13 1926
and that death occurred, on the date stated above, at 11 15 m.

The CAUSE OF DEATH* was as follows:

Sarcoma Mesentery

(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan. 10/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Strauss M.D.

9/14, 1926 (Address) 682 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Sept. 16 1926

20-UNDERTAKER.	ADDRESS
Mary Grabianska	423 S. Paca St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14115 1-PLACE OF DEATH — 22-1 — 49 — Registered No. C-14115

City of BALTIMORE: (No. 618 South Paca St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Linardas BLUDZUS

(a) Residence No. 618 South Paca St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): March 9, 1919

7-AGE. 7 yrs. 6 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ...
(b) General nature of industry, business, or establishment in which employed (or employer): No
(c) Name of employer: ...

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.
10-NAME OF FATHER: Mike Bludzus
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Lithvania
12-MAIDEN NAME OF MOTHER: Marta Spukauskas
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Lithvania

14-(Informant): Mike Bludzus
(Address): 618 S. Paca Street

15-Filed ... 192 ... Registrar.
C. HARPSON JONES, M. D.
Per ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept 13, 1926.

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to Sept. 13, 1926, that I last saw him alive on Sept. 10, 1926, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:
Lympho-sarcoma of mediastinal glands.

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray Findings

(Signed) John A. Smallwood M. D.

, 19 (Address) 375 S. Stricker St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Sept. 16 1926
20-UNDERTAKER.	ADDRESS
John Krebliancker	423 S. Paca St.

Spec.—1-10-21 M&T 1500 Blks.

E 14116 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 14116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Guckley

(a) RESIDENCE No. 903 Hillman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER Peter Guckley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES M. D.

JUN 1926 Pct

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12 1926

17

I HEREBY CERTIFY, That I attended deceased from August 12, 1926, to September 12, 1926, that I last saw him alive on September 11, 1926, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial insufficiency

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 6 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 3 1926 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int-Grove Cem Long Green — DATE OF BURIAL 9/16 1926

20 UNDERTAKER Balt Co — ADDRESS 1725 Ashland Ave

Mrs R A Elliott

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14117

CERTIFICATE OF DEATH.

11 2 E 14117

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Stone House Cove. St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Brown. (C)

(a) RESIDENCE NO. 514 Iron Alley. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced, HUSBAND of Laura Brown. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Alabama.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Laura Brown. (C) wife.

(Address) 514 Iron Alley.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

SEP 15 1926 P.M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

9/14. 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Sept 15. 1926

20 UNDERTAKER Mrs B A Elliott ADDRESS 1725 Ashland Ave

Morgue

Spec.—1-10-21 M&T 1500 Bks.

E 14118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

33 E 14118

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Edward Scott

(a) RESIDENCE NO. 1216 Edward St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877 - May 6

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	24	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boot black do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fane —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed Sep 19 1926 C. HAMPSON JONES, M. D. Registrar

Per R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17 1926

17 I HEREBY CERTIFY, That I attended deceased from September 1, 1926, to September 12 1926, that I last saw him alive on September 11, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculus Peritonitis & Enteritis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? genial & laboratory

(Signed) R Hooper Pratt, M. D.

Sept 14 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Sept. 16, 1926

20 UNDERTAKER Wm J. G. Locke ADDRESS 1302 Jeffer

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14119

CERTIFICATE OF DEATH.

188-003

E 14119

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Homewood Hosp 3400 St. — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob G King

(a) RESIDENCE NO. 2614 Maryland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine King

6 DATE OF BIRTH (month, day, and year) May 15-1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Md + Penna R.R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob King

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susana Stone

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Josephine King

(Address) 2614 Maryland Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries from Accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H Mowen M. D. (Coroner)

9/15 1926 (Address) 3912 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill (Towson) Date of Burial Sept 14 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North St

SEP 15 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 E 14120

E 14120
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Church Home & Inf St. 25-7 Ward)

2-FULL NAME Mrs Anna Herbert

(a) RESIDENCE NO. 59 Fourth Ave St. 25 Ward E 2
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. 6 mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank J. Herbert.

6 DATE OF BIRTH (month, day, and year)
Dec 10th 1877

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
49	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Ludwig Yeskel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie Glassman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Frank J. Herbert
(Address) 59 Fourth Ave E. Brookland

15 Filed ....., 19 .....
SEP 5 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Sept 12 1926

17
I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Sept 12, 1926, that I last saw her alive on Sept 12, 1926, and that death occurred, on the date stated above, at 3:15 a m.

The CAUSE OF DEATH* was as follows:
Staphylococcus aureus
Infection Rt Knee joint

(duration) ....yrs. ....mos. 4 0 ds.

CONTRIBUTORY (Secondary) Staphylococcus aureus Septicemia

(duration) ....yrs. ....mos. 6 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Yes Date of Aug 20 1926
Was there an autopsy? No Drainage & Abscess
What test confirmed diagnosis? Clinical
(Signed) George Brief M. D.
, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
Cedar Hill Cemetery Sept 15th 1926

20 UNDERTAKER — ADDRESS
Lilly & Zeiler — 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14121

E 14121

34

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Chase

(a) RESIDENCE NO. 210 N. Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 age given - See Remarks			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Jane Chase

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Baltimore City Hospital
(Address)

15 Filed 1-5 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-19- , 1926. to 9-10 , 1926.

that I last saw him alive on 9-10- , 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Colitis Diverse 2nd Lumbar Vertebra
Benign Prostatic Hypertrophy
Uncertain mos ds.

CONTRIBUTORY Bronchopneumonia
(Secondary) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. Campbell, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stevens Cemetery

DATE OF BURIAL Sept 15 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14122

E 14122

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [illegible] St., 19-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jones

(a) RESIDENCE NO. 332 N. Stricker St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	W

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1836

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 11 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 11, 1926, that I last saw her alive on September 10, 1926, and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Senility

Chronic Myocardites

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & Sclera Exam

(Signed) R Hooper Smith, M. D.

Sept 12 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn St Date of Burial Sept 10 1926

20 UNDERTAKER J L Brown & Son ADDRESS 108 W. Monday St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14123 31 E 14123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City St. 1123 Carrollton ave Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Thomas Dean

(a) RESIDENCE No. 1228 Carrollton ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Dean

6 DATE OF BIRTH (month, day, and year) Aug 15-1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .. min.
72		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unemployed

9 BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

PARENTS

10 NAME OF FATHER Thomas Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Hazel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary Elizabeth Dean

(Address) 1228 Carrollton ave

15 Filed ..... Registrar G. HAMPSON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1926

17 I HEREBY CERTIFY, That I attended deceased from from Sept. 1916 to Sept 12 1926

that I last saw him alive on Aug 5th 1926

and that death occurred, on the date stated above, at 10 40 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Chronic cardiac valvular deficiency and senile debility

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Arthur Williams M. D.

Sept 17 1926 (Address) Elk Ridge Howard Co Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL Sept 15 1926

20 UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14124

CERTIFICATE OF DEATH.

129 E 14124

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Little Sisters of the Poor (St.) 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Monaghan.

(a) RESIDENCE NO. Preston & Bailey St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Springer

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years: 70 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Wilmington. Del

PARENTS

10 NAME OF FATHER: James Monaghan

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: x x

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Little Sisters of the Poor

(Address): Sister Superior

15 Filed_____ 19____ C. HAMPSON JONES, M. D. Registrar

By R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 12 1926

17

I HEREBY CERTIFY, That I attended deceased from to record

_____, 19____, to _____, 19____,

that I last saw h.. alive on Sept 12, 19 26,

and that death occurred, on the date stated above, at 2:15 P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Unknown (duration) ____yrs. ____mos. ____ds.

CONTRIBUTORY (Secondary)

_____ (duration) ____yrs. ____mos. ____ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Sept 13, 1926 (Signed) F. H. Dammer M. D.

(Address) 1133 Bailey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: 9/15 1926.

20 UNDERTAKER: Robt Woodfield ADDRESS: 914 Greenmount

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14125 E 14125

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3005 Brighton St., 16-1 Ward)

2-FULL NAME Mary E. Leizear

(a) RESIDENCE NO. 3005 Brighton St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Leizear

6 DATE OF BIRTH (month, day, and year) Aug. 28 - 1865

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	61	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (old)

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Richmond

(State or country) Va.

PARENTS

10 NAME OF FATHER Robert E. Mcnally

11 BIRTHPLACE OF FATHER (city or town) Richmond

(State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah L. Mcnally

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant Mrs. Warfield

(Address) 3005 Brighton

15 Filed _____, 19__ C. [illegible] JONES M

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

9-13-1926.

17

I HEREBY CERTIFY, That I attended deceased from July 11 1926, to Sept 13th, 1926, that I last saw h[illegible] alive on 9/12, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY Hospitalism

(Secondary)

(duration) ___ yrs. 10 mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Whitridge Williams, M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 9/15 1926

20 UNDERTAKER D. Few McCully — ADDRESS 130 S. Fort

Spec.—1-10-21—M&T—1500 Bks.

14126 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14126

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. (6109) Resistertown Rd & Strathmore ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Clarence Allen

(a) RESIDENCE NO. Resistertown Rd & Strathmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, ~~Married, Widowed~~, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 9. 1856

7 AGE 70 Years 7 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stonecheper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Geraldus S Allen

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Martha Fricker

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Mrs Nettie Billyn

(Address) Resistertown Rd & Strathmore ave

Filed SEP 15 1926 19 THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 1921 to Sept 14 1926, that I last saw him alive on Sept 5 1926, and that death occurred, on the date stated above, at 330 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 28 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Exam

(Signed) Edw. Bunge, M. D.

(Address) 5106 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 9/16 1926

20 UNDERTAKER Mary A Gluckfeld

ADDRESS 2800 Reisterstown Rd

Spec.—1-10-21—M&T—1500 Bks.

E 14127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 14127

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 171 WARD)

2-FULL NAME Christopher Green

(a) RESIDENCE NO. 1330 Myrtle Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Maryland

10 NAME OF FATHER Tomus Green

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda —

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

PARENTS

14 Informant City Hospital Records
(Address)

15 Filed ..... 19 .....
For .....
Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12 1926

17 I HEREBY CERTIFY, That I attended deceased from September 2, 1926, to September 12 1926, that I last saw h.. alive on September 12, 1926, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 1/ ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) O O Cooper Smith, M. D.

Sept 14 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 15 1926
UNDERTAKER	ADDRESS
Virginia D. Brooks	1463 N. Carey

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14128 — 90 E 14128

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 McCulloh St., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Blue

(a) RESIDENCE NO. 1224 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1831

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None, poor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Bluefield W. Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs S. Jefferson

(Address) 1224 McCulloh St

Filed 1 5 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/ 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Sept 12, 1926, that I last saw h[illegible] alive on Sept 10, 1926, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis,

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

9/13, 1926 (Address) 917 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Sept 15 1926

20 UNDERTAKER: Samuel H Smaley

ADDRESS: W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14129

166

CERTIFICATE OF DEATH.

REGISTERED E 14129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital ST. 136 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Pugh

(a) RESIDENCE NO. 249 Madison Ave ST. ; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Pugh

6 DATE OF BIRTH (month, day, and year): March 29, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	29	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: U. R. R.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lisbon Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lisbon Md.

14 Informant: Ruth Pugh

(Address): 1035 Fulford Ave

15 Filed SEP 15 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-5, 1926, to 9-14, 1926, that I last saw him alive on 9-14, 1926 and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

(duration) — yrs. — mos 9 ds

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab & Autopsy

(Signed) J. Shilla M.D., M. D.

9-14, 1926 (Address) 1122 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oates — DATE OF BURIAL: Sept 16 1926

20 UNDERTAKER: Wm. Cook — ADDRESS: 507 E. Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 14130 **E 14130**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 E Fort ave St. 7th Ward)

2-FULL NAME Ellen E. Furley

(a) RESIDENCE NO. 109 E Fort Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

3a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John L Furley

6 DATE OF BIRTH (month, day, and year) April 4 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Williamsport

(State or country) Md

PARENTS

10 NAME OF FATHER — Chainey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dont Know

14 Informant Mrs May Blazek

(Address) 109 E. Fort Ave

15 Filed SEP 15 1926 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Sept 13, 1926, that I last saw h~~e~~ alive on Sept 13, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Independent

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chainey

Sept 15 1926 (Address) 764 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Sept 15 1926

20 UNDERTAKER Robt J Turner ADDRESS 942 N Broadway

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14131

CERTIFICATE OF DEATH.

90 E 14131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Ridgewood Ave ST. WARD) 45-5

2-FULL NAME Rachel Chesnut

(a) RESIDENCE No. 4105 Ridgewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Calvin B. Chesnut

7 DATE OF BIRTH (month, day, and year): Dec. 5 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): A. A. Co Md.

10 NAME OF FATHER: Jas. E. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): A. A. Co. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth A. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Calvin B. Chesnut

(Address) 4105 Ridgewood Ave

Filed SEP 15 1926 19 C. MARTSOLF JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to Sept 13, 1926,

that I last saw h[illegible] alive on Sept 12, 1926

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Natural senility

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Hamm H. Good, M. D.

Sept 14, 1926 (Address) 735 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Sept 15 26

20 UNDERTAKER: Wm Tickner Sons — ADDRESS: Balto Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14132

CERTIFICATE OF DEATH.

18 **E 14132**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found in Harbor

City of BALTIMORE: (No. Foot of Scott St. 33 Ward)

2-FULL NAME unknown

(a) RESIDENCE NO. unknown St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: unknown

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) unknown

14 Informant_____

(Address)

15 Filed SEP 15 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: accidental drowning

Sudden (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) James M. Fenton M. D. (Coroner)

9/12 1925 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 14133

1-PLACE OF DEATH University Hospital

Registered No. 18-1162

City of BALTIMORE: (No. Lombard & Greene St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bowser

(a) Residence No. 218 N. Carlton St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9-12-26

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 40 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Baby

(b) General nature of industry, business, or establishment in which employed (or employer) ..... do

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Bowser

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Celia

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country),

4- (Informant) .....

(Address) .....

5- Filed ..... 192 ..... C. ... JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9-12-1926.

17- I HEREBY CERTIFY, That I attended deceased from 9-12, 1926, to 9-12, 1926, that I last saw h[illegible] alive on 9-12, 1926, and that death occurred, on the date stated above, at 10 22 a.m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

.....

.....

.....(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Breech presentation with Large head

.....(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Era F. Dodge M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ... ADDRESS .....

UNIVERSITY OF MARYLAND

Commissioner Health SEP 15 1926

SEP 15 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14134

CERTIFICATE OF DEATH.

44 E 14134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Park Ave ST., 14-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis A. Davis

(a) RESIDENCE NO. 1606 Park Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Belle Krise

6 DATE OF BIRTH (month, day, and year) Jan. 3, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	83	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER James Davis

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ann Dryden

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant E. Asbury Davis
(Address) 25 Somerset Road

15 Filed ..... 19 C. HAMPSON JONES, M. D.
5 1926 Per R.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3d, 1926, to Sept 14, 1926, that I last saw h[illegible] alive on Sept 14th, 1926, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Pancreas
Liver

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Cholelithiasis, Embolus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation Examination

(Signed) Joseph Gichner, M. D.

, 19 (Address) 3201 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Sept. 16, 1926
20 UNDERTAKER	ADDRESS
John C. Mitchell	1211 W. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14135

CERTIFICATE OF DEATH.

41 E 14135

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 16-6 Ward)

2-FULL NAME Gladstone Lindsey

(a) RESIDENCE NO 1221 Parrish St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) N. C.

PARENTS

10 NAME OF FATHER Wilson Lindsey
11 BIRTHPLACE OF FATHER (city or town)
(State or country) N C
12 MAIDEN NAME OF MOTHER Dont Known
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dont Known

14 Informant Leo Wiggins
(Address) 1221 Parrish St

15 Filed 5 1926 19 C. HAMPSON JONES, M. D. Registrar
Per ORL

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) jury find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of leg (Comp)

(duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary) General Septicaemia

(duration) ____ yrs. ____ mos. 2 ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

9/15/24 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Sept 15 1924

20 UNDERTAKER Daniel Easter ADDRESS 916 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14136

CERTIFICATE OF DEATH.

1926 E 14136

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital Ward 17-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Fitzgerald

(a) RESIDENCE NO. 552 W. Hoffman St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 37; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town): Don't know

(State or country)

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town): Don't know

(State or country)

14 Informant: Jackson Fitzgerald

(Address) 552 W Hoffman

15 Filed _____ 19___ C. THOMPSON JONES, M. D. Registrar

Per _____

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 13, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy of inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of abdomen & left arm

(duration) ___ yrs., ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Homicide

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

9/14, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Sept 15 1926

20 UNDERTAKER: Dan Tarbox ADDRESS 916 Lemo

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14137

CERTIFICATE OF DEATH.

117 E 14137

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 626 N. Dallas St., 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude Owens

(a) RESIDENCE NO. 626 N. Dallas St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 40 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Owens

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) (General Contractor)

(c) Name of employer Brooklyn Md.)

9 BIRTHPLACE (city or town)_____

(State or country) Prob. Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant R. S. Elliott

(Address) 621 N Dallas St

15 Filed 19 C. HAMPSON JONES, M. D.

1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Sep 13/2

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Undetermined-possibly Chr. Apendicitis

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Callan M. D.

(Coroner)

9/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Date of Burial Sept. 15 1926

20 UNDERTAKER Robert E. Williams ADDRESS 515 Mc Elderry Ave

Spec.—1-12-23—M&T—500 Bks.

E 14138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 113 E 14138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. "Ward "C" WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dawson Darling

(a) RESIDENCE NO. Denton, Md. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) ~~Sept. 16, 1926~~ Apr

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	30.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Maryland.

10 NAME OF FATHER Wm. E. Darling.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Delaware.

12 MAIDEN NAME OF MOTHER Elizabeth Neibert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Delaware.

Informant Wm. E. Darling.
(Address) Denton, Md.

C. HAMPSON JONES, M. D.

Filed [illegible] 1926 By A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1926, to Sept. 15, 1926.

that I last saw him alive on Sept 15, 1926.

and that death occurred, on the date stated above, at 2:35 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum. 000

(duration) yrs. mos 13 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Denton, Md.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg, Md.

DATE OF BURIAL Sept 17th 1926.

20 UNDERTAKER J. F. Frampton & Son

ADDRESS Fredericksburg Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14139

E 14139

1926

54

44 1872

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 813 Mc Culloh St. (or) 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A Smith

(a) RESIDENCE No. 813 Mc Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Samuel A Smith

6 DATE OF BIRTH (month, day, and year): April 1872

7 AGE: Years 54 Months 5 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 031

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Samuel A Smith

(Address): 813 Mc Culloh St

15 Filed SEP 16 1926 THOMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926 to Sept 14, 1926 that I last saw her alive on Sept 13, 1926 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. H Pearce, M. D.

, 19 (Address) 2105 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 17 1926

20 UNDERTAKER: Hamme & Wright — ADDRESS: 1364 W Lex

Spec.—12-9-25—A Co.—200 Bks.

E 14140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 14140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 140 Loudenave St. 701 Ward)

2-FULL NAME Ellen M. Peters

(a) RESIDENCE NO. 140 Loudenave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white.

5 Single, Married, Widowed, or Divorced. (write the word): widow

6a If married, widowed, or divorced (or) WIFE of: Geo J Peters.

6 DATE OF BIRTH (month, day, and year): [illegible] 1848

7 AGE — Years: 78 — Months: — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: James Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Horn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: John G. Peters

(Address): 1214 Scott St.

15 Filed ..... 19 ..... H. LAWRENCE JONES, M. D. Registrar

Per L.J.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/14 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/3, 1926, to 9/14, 1926,

that I last saw h[illegible] alive on 9/14, 1926

and that death occurred, on the date stated above, at 5.20 A.m.

The CAUSE OF DEATH* was as follows:

Senile arteria sclerosis

Direct right inguinal hernia, strangulated

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) ..... yrs. ..... mos. 1/2 ds.

18 Where was disease contracted if not at place of death? 140 Loudenave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Fundenaye

(Signed) Damian P. Allen, M. D.

, 19 (Address) 3326 Gwynn Oak Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial Sept 17 1926

20 UNDERTAKER: John F. Cowan & Son ADDRESS: 901 Hollins St.

per F. J. Cowan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1414F

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113 E 1414F

Registered No. C.....

City of BALTIMORE: (No. 1937 Booth St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Spear

(Residence in Baltimore: No. 1937 Booth St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, March 4 1926
(Month) (Day) (Year)

7-AGE, — yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER Richmond Spear

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Belle Brown

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Belle Spear

(Address) 1937 Booth St

Filed SEP 6 1926 C. HAMPSON JONES, M. D.
Per K.H. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1st, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Thos. D. Morton M. D.
(Coroner)

Sept 15 1926 (Address) Curtis Bay

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Bath Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL Sept 17th 1926

20-UNDERTAKER, A. Jones ADDRESS 1165 Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14142

CERTIFICATE OF DEATH.

90 E 14142

REGISTERED NO.

1-PLACE OF DEATH Federal Tin Co.

City of BALTIMORE: (No. Charles & Barre St. St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solon C. Smith.

(a) RESIDENCE NO. 1642 N. Milton Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Alice Smith.

6 DATE OF BIRTH (month, day, and year) February 18, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Edward Smith.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Cambridge, Md.

12 MAIDEN NAME OF MOTHER Sarah Hubbard.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cambridge, Md.

14 Informant Alice Smith. (wife.)

(Address) 1642 N. Milton Ave.

15 Filed SEP 16 1926 THOMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 14, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiat Insufficiency.
Acute dilatation of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto R. Leinhardt M. D. (Coroner)

9/15 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Sept. 17 1926

20 UNDERTAKER Henry Hoeck Son ADDRESS 301 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 14143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14143

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Darley Ave ST. 8-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine B. Oberle

(a) RESIDENCE NO. 1418 Darley Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank J. Oberle

6 DATE OF BIRTH (month, day, and year) November 4 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Benedict Grandy

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Margaret Schirmer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Dr. Frank J. Oberle

(Address) 1418 Darley Ave

15 Filed ..... 19 ..... Registrar

9 16 1926 C. HARRISON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to Sept 15, 1926, that I last saw her alive on Sept 14, 1926, and that death occurred, on the date stated above, at 3 25 A. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonary Tuberculosis

(duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos F.G. Stevens M. D.

9/15, 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept. 18 1926
20 UNDERTAKER	ADDRESS
Henry Horch Son	130 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 14144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14144

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 W. Lombard ST., 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna B Sheppard

(a) RESIDENCE NO. 2422 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Sheppard.

6 DATE OF BIRTH (month, day, and year) April 2-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Meister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Sheppard (Address) 2422 W Lombard St

15 Filed SEP 6 1926 C. HAMPSON JONES, M. D. Registrar By R.K. Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1926, to Sept 13, 1926, that I last saw her alive on Sept 13, 1926, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows: —

Cerebral Hemorrhage

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis — (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A Hellen Hemming M. D.

9/15, 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept. 16 1926

20 UNDERTAKER George L. Schwab ADDRESS 501 Fredk. Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14145

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

188-003

188 E 14145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. South Baltimore General Hospital 23-1 Ward)

2-FULL NAME Daniel Roberts.(C)

(a) RESIDENCE NO. 115 Winter St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, widowed or divorced, WIFE or HUSBAND of Kate Roberts.(C)

6 DATE OF BIRTH (month, day, and year) December 21 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Eleanore Anderson.(C)

(Address) 115 Winter St.

15 Filed ..... 19 C. EMERSON JONES, M. D.

Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of right leg & right arm. Amputation of right arm. Hemorrhage. Thrown from a wagon in collision with motor truck. Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto Weisshardt M. D.

(Coroner)

9/15 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Hanover & Randall Sts. August 23, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 9/16 1926.

20 UNDERTAKER Wm T Hemsley ADDRESS 578 N Bridal

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14146

CERTIFICATE OF DEATH.

182 E 14146

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier No.6 Locust Point. St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Ringold.(C)

(a) RESIDENCE NO. 1212 Smith St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXX Carrie Ringold.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scowman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atlantic Transport Co.

9 BIRTHPLACE (city or town)

(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Carrie Ringold.(C) wife.

(Address) 1536 N. Mount St.

15 Filed ..... 19 .....

Per ..... Registrar

C. HARRISON JONES, M. D.

SEP 16 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Missing Sep. 9, 1926, found Sept 12, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probable accidental fall from a scow.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto Kesselhardt M. D. (Coroner)

9/16 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rawlins

Date of Burial Sept 16. 26

20 UNDERTAKER David M. Chase Sons

ADDRESS 1400 Monroe

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14147

CERTIFICATE OF DEATH.

113

E 14147

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4911 Eastern Ave ST., 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Blischke

(a) RESIDENCE NO. 4911 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 4-1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	--	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Louis Blischke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sophia Rode

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Sophia Blischke

(Address) 4911 Eastern ave

Filed 6 1926, 19 H. HARRISON JONES, M. D. Registrar

Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1926, to Sept 15, 1926, that I last saw h alive on Sept 15th, 1926, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

9/15, 1926 (Address) 4700 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Sept. 16 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 14148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14148

CERTIFICATE OF DEATH.

REGISTERED NO. 2343 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST., WARD)

2-FULL NAME Mrs Nellie Warren

(a) RESIDENCE No. 320 Spalding ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Amos H. Warren

6 DATE OF BIRTH (month, day, and year) 8-9-1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W. 37

(b) General nature of industry, business, or establishment in which employed (or employer) 34 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Thomas Townsend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Abie Sheetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs H. Warren

(Address) 320 Spalding ave

Filed SEP 19 1924 C. LAMPSON HYDE M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/14 1924

17

I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1924, to Sept 14, 1924, that I last saw h er alive on Sept 14, 1924, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Squamous cell Carcinoma of Inguinal glands

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Guy A Thompson M.D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Sept 17 1924

20 UNDERTAKER J F Edmondson & Sons

ADDRESS Reisterstown Md

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 001

E 14149

REGISTERED NO.

1-PLACE OF DEATH E 14149

CITY OF BALTIMORE: (No. 1422 Harlem Ave ST., 46-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Stroud

(a) RESIDENCE NO. 1422 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days | If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER James Stroud

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N Carolina

12 MAIDEN NAME OF MOTHER Lottie Lancaster

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N Carolina

Informant
(Address)

Filed ..., 19
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 - 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/15 - 1926, to 9/15 - 1926

that I last saw her alive on 9/15 - 1926,

and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia Pallida

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos A Cullen M. D.

(Address) 2105 N Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

PUBLIC CEMETERY

C. MAYO JONES, M. D.

SEP 10

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14150

CERTIFICATE OF DEATH.

1826 E 14150

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Fond Pier s-Chest 11-12 ST., WARD)

2-FULL NAME James Hammelm

(a) RESIDENCE NO. 877 Park. 9 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Filed 192 Per Registrar

C. HAMPSON JONES, M.

APR 6 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. H. Jones, M. D.
(Coroner.)

Sept 13 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

4309 Fork Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1415I

CERTIFICATE OF DEATH.

45 E 1415I

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4025-Old Fork Rd ST., 91 WARD)

2-FULL NAME Mary Belle Bradford

(a) RESIDENCE No. 4025-Old Fork Rd ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	widow

3 If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S.

DATE OF BIRTH (month, day, and year) May 31 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74	3	13 14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Henry Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Bertha Bonse

(Address) 4025-Old Fork Rd

SEP 16 1926 HAMPSON JONES, M. D.

Filed ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-14 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to Sept 14, 1926, that I last saw her alive on Sept 14, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma rectum

(duration) yrs. 6 mos 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) A. W Wheaton, M. D.

, 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsman Md.	Sept 17 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Lex

Spec.—1-10-21—M&T—1500 Bks.

E 14152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14152

CERTIFICATE OF DEATH.

REGISTERED NO. 5159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foster Ave ST., Boulevard (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Mary Orndorff

(a) RESIDENCE NO. Foster Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 30th 96

7 AGE: Years | Months | Days 25 — If LESS than 1 day, ... hrs. or ..... min.

26 days

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Home

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

10 NAME OF FATHER Robert Bradley

11 BIRTHPLACE OF FATHER (city or town) Pa (State or country)

12 MAIDEN NAME OF MOTHER Lucy Cecil

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Mrs. Lucy C. Orndorff

(Address) Foster Ave

Filed ....., 19. G. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/11, 1926, to 9/15, 1926

that I last saw h... alive on 9/16, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Hughes Dawson, M. D.

, 19 (Address) 4211 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 17th 1926

20 UNDERTAKER: E. C. Harle — ADDRESS 1000 N. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

E 14153 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14153

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Crangle.

(a) RESIDENCE NO. 1331 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 19, 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER John Crangle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Isabelle Crangle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Self

(Address)

Filed 9 16, 1926 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16 1926

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to Sept 16, 1926, that I last saw her alive on 9/16, 1926, and that death occurred, on the date stated above, at 11 10 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Hampson M. D.

, 19 (Address) Md Gen Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL 9/18 1926

20 UNDERTAKER Chas. D. Crane How 1180 W. Royal Ave

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 14154

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 14154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hospital.

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST 13-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. George E. Rogers

(a) RESIDENCE NO. 295-2 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mrs. Rogers.

6 DATE OF BIRTH (month, day, and year) Sept 2. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionery

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer. 019

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland.
(State or country)

10 NAME OF FATHER James Rogers.

11 BIRTHPLACE OF FATHER (city or town) Maryland.
(State or country)

12 MAIDEN NAME OF MOTHER Mary James Lehardy.

13 BIRTHPLACE OF MOTHER (city or town) Maryland.
(State or country)

PARENTS

14 Informant [redacted]

(Address) [redacted]

Filed SEP 16 1926 C. NAMPSON JONES, M.D. Registrar

Ret 21C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1926, to Sept 16, 1926, that I last saw h[redacted] alive on Sept 15, 1926, and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs.

Nephritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) 1) Angina Pectoris

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Sept 14, 1926

Was there an autopsy? not.

What test confirmed diagnosis? Clinical.

(Signed) Jno A Crampton M. D.

(Address) [redacted] Mt Street Hospital

*State the Disease Causing Death, or in deaths from violent causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 18 1926
20 UNDERTAKER	ADDRESS
Ehrenfeldt & Son	3615 Chestnut Ave

Spec.—1-10-21 M&T 1500 Bks.

E 14155 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14155

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., (Col.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lampley

(a) RESIDENCE NO. Havre de Grace, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Lampley

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

10 NAME OF FATHER John Lampley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1926, to Sept. 16, 1926, that I last saw him alive on Sept. 16, 1926, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculous Laryngitis

3 0

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatlen, M. D.

9-16-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Havre De Grace Md	Sept 16 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W. Fayette

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14156

CERTIFICATE OF DEATH.

90 E 14156

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 Park. Ave. ST., 11-2 WARD)

2-FULL NAME Chas. Beatty

(a) RESIDENCE No 877 Park. Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

BIRTHPLACE OF FATHER (city or town) (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant
(Address)

Filed 1926, 192 C. HAMPSON JONES, M. D.
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arter. Sclerosis of heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. T. Riley, M. D.

(Corpner)

Apr 13, 1926 (Address) 804 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
FROM THE MORGUE

Spec.—12-9-25—A Co.—200 Bks.

E 14157.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 14157

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 N. Montford Ave St., 7 Ward)

2-FULL NAME Anna M. Sunderland.

(a) RESIDENCE NO. 608 N. Montford Ave St. 7 Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1- 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Charles G. Sunderland

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Stein

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md

14 Informant Mary Sunderland

(Address) 608 N. Montford Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1926, to Sept 14 1926

that I last saw h__ alive on Sept 14 1926

and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH was as follows*

La Grippe

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ___

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Fred Jaupeka, M. D.

Sept. 15, 1926 (Address) 600 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Sept. 17 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14158

CERTIFICATE OF DEATH.

90 E 14158

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 N Clinton St., 76-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August J. Wise

(a) RESIDENCE NO. 111 N Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wise

6 DATE OF BIRTH (month, day, and year) Dec 10 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	48	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel worker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Penn Steel Co

9 BIRTHPLACE (City or town) Balto City

(State or country)

10 NAME OF FATHER John Wise

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Freiber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Elizabeth Wise

(Address) 111 N Clinton

15 Filed C. HAMPSON JONES, M. D. 1926

Per RPH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis

about

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) following Influenza

some years ago

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

9 16 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Sept 17/26

20 UNDERTAKER J. A. Moran ADDRESS Fort & Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 14159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14159

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland St., 23rd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Ryan

(a) RESIDENCE NO. 101 W. West ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 14 1925

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	no	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) MD

10 NAME OF FATHER Thomas H Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. Co

12 MAIDEN NAME OF MOTHER Marie Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A. Co

Informant Marie Ryan

(Address) 101 W. West St.

Filed 1926 .19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/9 .1926 to 9/15 .19 26.

that I last saw him alive on 9/15 .19 26.

and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Acute Ileo colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

.19 (Address) W.B.G.H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnish Branch Co. Md

DATE OF BURIAL Sept 17 1926

20 UNDERTAKER R L Parham

ADDRESS 906 Leadenhall St

Spec.—1-10-21—M&T—1500 Bks.

E 14160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14160

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Scalia

(a) RESIDENCE No. 18 E. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/12/1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Michael Scalia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER [illegible] 9/15, 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frances Lanaca (Address) 1106 Marshall St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1926, to Sept 15, 1926

that I last saw h[illegible] alive on Sept 15, 1926

and that death occurred, on the date stated above, at 10.05 A.m.

The CAUSE OF DEATH* was as follows:

Stone in Common Duct.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ? yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Louis T. Lanza, M. D.

(Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. DATE OF BURIAL 9/17 1926

20 UNDERTAKER J J Doherty & Sons ADDRESS 1318 Light

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14161

CERTIFICATE OF DEATH.

113 E 14161

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 Poplar St Curtis-Bay St. 25-11 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Kennerly English.

(a) RESIDENCE NO. 120 Poplar St(Curtis-Bay) St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	----------

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 1,1926

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto, MD

(State or country)

10 NAME OF FATHER William English

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Riverton,MD

12 MAIDEN NAME OF MOTHER Ada Kennerly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Riverton, MD.

14 Informant Mr William English (Father)

(Address) 120 Poplar St(Curtis Bay)

Filed 6 1926, 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 15,1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 15, 1926, that I last saw her alive on Sept 15, 1926 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Ecb

Purpura Hemorrhagica

(duration) yrs. mos. 4 ds.

CONTRIBUTORY Enterocolitis

(Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clys

(Signed) Wm E Griffith, M. D.

9/16, 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Riverton, Maryland — Sep 17, 1926

20 UNDERTAKER — ADDRESS

Jos Joerdens + Son — 217 S. Paca

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14162

E 14162

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Guilford Ave 12-4 WARD)

2-FULL NAME Eugenia Price

(a) RESIDENCE. No. 2310 Guilford Ave WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Orlando K. Price

6 DATE OF BIRTH (month, day, and year): Nov. 4 1857

7 AGE — Years: 68 — Months: 10 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Dr. Robt. D. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mr. Lee Price

(Address) 439 Lorraine ave - Hooven

15 Filed 9-16 1926 CLAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Sept 16, 1926, that I last saw h[illegible] alive on Sept 16, 1926, and that death occurred, on the date stated above, at 7-29 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos. 17 ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. L. Shepard M. D.

9-16 1926 (Address) 320 N. Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional apace.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Sept 18 1926

20 UNDERTAKER: Wm J Pickuer Sons

ADDRESS: North & Pa

pec.—1-12-23—M&T—500 Bks.

14163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14163

CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 E. 28th ST., 9-3 WARD)

2-FULL NAME Bertha Matilda Wild

(a) RESIDENCE NO. 512 E. 28th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick William Wild

DATE OF BIRTH (month, day, and year) Dec 23rd 1845

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	10	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Philadelphia
(State or country) Penn

10 NAME OF FATHER Christian H. Fehleisen

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Matilda Wright

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Bertha M. Wild
(Address) 512 E. 28th St

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1926

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1925, to Sept 16th, 1926, that I last saw her alive on Sept 15th, 1926, and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Hypocondilitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Lordy, M. D.

Sept 16, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Sept 18 1926
20 UNDERTAKER	ADDRESS
Wm J Tickner & Sons	Norfolk Va

Spec.–1-10-21 M&T 1500 Blks.

E 14164

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 14164

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Hamilton Ter ST., 11-2 WARD)

2-FULL NAME Lillian A. Montell

(a) RESIDENCE NO. 833 Hamilton Ter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice B. Montell

7 DATE OF BIRTH (month, day, and year) Dec 28, 1853.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
72	72	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Jas E. Montell

11 BIRTHPLACE OF FATHER (city or town) Nassau (State or country) Bahamas

12 MAIDEN NAME OF MOTHER Eliz S. Hopkins

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

Informant Father E. Montell

(Address) 833 N Gilmor St

Filed Sep 7 1926 HAMPSON JONES M.D. Registrar

By ~~Deputy~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926, to Sept 14, 1926, that I last saw him alive on Sept 14, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos 21 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Pettetavin, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem — DATE OF BURIAL Sept 17 1926

20 UNDERTAKER Henry H. Perkins & Sons — ADDRESS McCulloh & Dundas

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14165

CERTIFICATE OF DEATH.

74-681

E 14165

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Otterbein ST. 21-3 WARD)

2-FULL NAME Hannah Johnson

(a) RESIDENCE NO. 311 Otterbein ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9je yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Johnson

6 DATE OF BIRTH (month, day, and year): [illegible] 1874

7 AGE: Years 52; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto city

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: Rosetta Bu[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

Informant (Address): James Johnson 311 Otterbein St

Filed SEP 7 1926 THOMPSON JONES, M. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1926, to Sept. 15, 1926, that I last saw her alive on Sept. 15, 1926, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): Cardiac Insufficiency

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchanan, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Sept 18, 26

UNDERTAKER: John H. Toadvine — ADDRESS 1087 Mund Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14166

CERTIFICATE OF DEATH.

101-001 1866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1329 Whatcoat (St.) 15-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Larkins

(a) RESIDENCE NO. 1329 Whatcoat St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 1866

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Genral House work.

(b) General nature of Industry, business, or establishment in which employed (or employer): Cook

(c) Name of employer Mrs Ewen

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Solomon Larkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Pa

12 MAIDEN NAME OF MOTHER Dora Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Mary Jackson 1329 Whatcoat St.

Filed 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1926, to Sept 15th, 1926, that I last saw her alive on Sept 15th, 1926 and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harvey F Brown, M. D.

(Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 18th 1926

20 UNDERTAKER: Frame & Wright — ADDRESS: 1344 Carey

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14167

CERTIFICATE OF DEATH.

129 E 14167

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1305 Harford ave. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Hauser

(a) RESIDENCE NO. 1305 Harford ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 5. 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 906

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer none

9 BIRTHPLACE (city or town)

(State or country) Baltimore

10 NAME OF FATHER Geo. F. Hauser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Emrhein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

PARENTS

14 Informant Mrs. Lotin Hauser

(Address) 1305 Harford ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1926, to Sept 15 1926

that I last saw him alive on Sept 14, 1926

and that death occurred, on the date stated above, at 1.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

+ Uraemia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY ✓

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ✓

If not at place of death? ✓

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferis Buck M. D.

19 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Greenmount Cemetery — Date of Burial 9/18 1926

20 UNDERTAKER — George L. Ruth — ADDRESS 1730 Harford Ave

9 7 1926 C. HARRISON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14168

CERTIFICATE OF DEATH.

90 E 14168

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 14168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Central Ave ST., 9-1 WARD)

2-FULL NAME J. Henry Ruppert

(a) RESIDENCE NO. 1317 N. Central Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Frances E. Ruppert

6 DATE OF BIRTH (month, day, and year) Dec. 30 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md (State or country)

10 NAME OF FATHER Adam Ruppert.

11 BIRTHPLACE OF FATHER (city or town) Phila. Pa (State or country)

12 MAIDEN NAME OF MOTHER Margaret Koelpel

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Mrs Frances E. Ruppert

(Address) 1317 N. Central Ave

Filed SEP 17 1926 Per ..... Registrar

C. HARTSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1926

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1926, to Sept 16, 1926, that I last saw him alive on August 22, 1926, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(Acute Cardiac dilitation)

Sudden Death (duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Depressive Thoughts. Psychosis.

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wylie ave - Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Sept 20 1926

20 UNDERTAKER Henry Hoech Son — ADDRESS 130 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14169

CERTIFICATE OF DEATH.

129 E 14169

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 N. Broadway ST. 8-4 WARD)

2-FULL NAME Harry D. Amos

(a) RESIDENCE No. 1235 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Naomi Amos

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Tobacco Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mr. Milton E. Amos

(Address) 1235 N. Broadway

Filed 19 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1-26, 19 to Sept 16, 19 26

that I last saw h alive on Sept 16, 19 26

and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hypertrophy,

Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Snyder M. D.

9-17-26 (Address) 1000 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Market Maryland Line Cemetery DATE OF BURIAL Sept. 18 1926

20 UNDERTAKER Henry Hoeck Sons ADDRESS 1301 E Eager

E 14170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14170

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at — REGISTERED No. C 188

CITY OF BALTIMORE (No. Balto City Hospital St. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M McDonough

(Residence in Baltimore: No. 2009 Bank St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 10, 1912 (Month) (Day) (Year)

7-AGE: 14 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Thomas McDonough

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: Ella Crawford

13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella McDonough

(Address) 2009 Bank St.

Filed 1926, 191.... C. HAMPSON JONES, M. D. Registrar.

Per ....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 14 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed R. Chest
Automobile accident
Instan
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None
(Duration) ....yrs. ....mos. ....ds.

(Signed) James M Fenton M. D. (Coroner.)

9-13, 1926 (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Sept 13 1926

20-UNDERTAKER Peter Nicolaus — ADDRESS 2009 Eastern Av

over

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 14171

CERTIFICATE OF DEATH.

E 14171

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2815 Ulman ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Etta Kersh

(a) RESIDENCE NO. 2815 Ulman ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emanuel Kersh

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE — Years: 48 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 937

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

10 NAME OF FATHER: Daniel Krook

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Emanuel Kersh

(Address): 2815 Ulman ave

15 Filed ..... 19 ..... F. AMPSON JONES, M. D.

Registrar

1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-16-26

17 I HEREBY CERTIFY, That I attended deceased from September 9 1926, to Sept 16, 1926, that I last saw h— alive on Sept 16, 1926, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemmorhage

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(duration) 4 yrs. ....mos. ....ds.

18 Where was disease contracted? ✓

If not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lutz, M. D.

Sept 17 1926 (Address) 2048 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mach Pl — Date of Burial: 9/19 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

E 14172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 7

E 14172

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST. 20-1 WARD)

2-FULL NAME Mrs. Etta Sullivan

(a) RESIDENCE NO. 405 Mt. Holly ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert W. Sullivan

DATE OF BIRTH (month, day, and year) Dec. 16, 1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	30 yrs.	9	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Thomas Mohan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Karr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Patient.

(Address)

Filed 1-7 1926 C. HARRISON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1926, to Sept 16, 1926, that I last saw h er alive on Sept 16, 1926, and that death occurred, on the date stated above, at 7:55 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

Chronic Appendicitis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolus

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept. 15, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas Symptoms M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	9/18, 1926
20 UNDERTAKER	ADDRESS
Henry W. Myers	1701 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14173

CERTIFICATE OF DEATH.

188-002

E 14173

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. S. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonia M. Amoal

(a) RESIDENCE NO. 1317 Edmondson Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Amoal.

6 DATE OF BIRTH (month, day, and year) Jan. 24, 184

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	80	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) 988

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Portugal

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant Virginia Birthmeister

(Address) Relative

Filed 19

7 1926 Per C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) Street car accident

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

9/15/1926 (Address) 780 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Sept-17 1926

20 UNDERTAKER Chas E. Franck ADDRESS 802 Madison

Spec.—12-9-25—A Co.—200 Bks.

14174

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

CERTIFICATE OF DEATH.

E 14174

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3004 Garrison Av St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E. Dickerson

(a) RESIDENCE NO. 3004 Garrison av St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm F Dickerson

6 DATE OF BIRTH (month, day, and year): Sept. 2 1843

7 AGE — Years: 83 — Months: 11 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.: 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Frederick Co Md.

(State or country)

10 NAME OF FATHER: Otho M. Trundle

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah White

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Edwin F Dickerson

(Address) 3004 Garrison av

C. HAMILTON JONES, M.D.

15 Filed ..... 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 16 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 16, 1926, that I last saw h.e alive on Sept 15, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis — myocarditis

Chronic interstitial nephritis — duration unknown

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ..... yrs. ..... mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W S Hulett, M. D.

Sept. 1926 (Address) 2220 Garrison av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Sept 19 1926

Woodlawn

20 UNDERTAKER: Woodlawn

ADDRESS: 50 E North av

Spec.—1-10-21 M&T 1500 Blks.

E 14175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 14175

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. Fulton Ave ST. 16 1/2 WARD)

2-FULL NAME James A. Barnett

(a) RESIDENCE NO. 800 N. Fulton Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Barnett

DATE OF BIRTH (month, day, and year) July 13, 1843

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Harrison Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER ~~Charlotte Amey~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Maryland~~

Informant Harrison Barnett,
(Address) 809 N. Fulton Ave.

Filed OCT 7 1926, 19 ... C. HAMPSON JONES, M. D. Registrar

P. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1926, to Sept 15th, 1926, that I last saw him alive on Sept 14th, 1926, and that death occurred, on the date stated above, at 2-10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum

..... (duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. H. Kimmel, M. D.

, 19 (Address) 1924 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL 9/18 1926

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125E North Ave.

Spec.—1-12-23—M&T—500 Blks.

E 14176 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. + 49 E 14176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Stultz

(a) RESIDENCE NO. Taney Town. Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. 12 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Stultz

DATE OF BIRTH (month, day, and year): Sept 1869

AGE: Years 57; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: J Ridinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

Informant: G O Fuss

(Address): Taneytown

Filed 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/16/26 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Sept 16, 1926

that I last saw h alive on Sept 16, 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of Pancreas.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E R Mc Kee, M. D.

9/17, 1926 (Address) University Hosp, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W M Routson

DATE OF BURIAL: Sept 19 1926

20 UNDERTAKER: 2238 N Wolfe Taneytown Md.

ADDRESS: 2238 N Wolfe

Spec. 1001 1-26 1M—1500 Bks.

E 14177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14177

CERTIFICATE OF DEATH.

125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp. ST. 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs ~~Friend~~ Ethel Sener

(a) RESIDENCE No. 2504 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Sener

DATE OF BIRTH (month, day, and year): Oct 13, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HW

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Rowland Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mattie Roe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs Thorsen D. Todd

(Address): 2504 Poplar Grove

Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-17 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-16-26, 19 , to 9-17-26, 19 ,

that I last saw her alive on 9-17-26, 19 ,

and that death occurred, on the date stated above, at 1:37 A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem't

DATE OF BURIAL: Sept 20-26

20 UNDERTAKER: Bettram & Roe

ADDRESS: 1723 W Lafayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14178
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14178
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 417-E-Biddle ST. 11-2 WARD)

2-FULL NAME Mary Matilda Herbst

(a) RESIDENCE NO. 417-E-Biddle ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 75 yrs. 6 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Herbst

7 DATE OF BIRTH (month, day, and year) March-10-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

8 BIRTHPLACE (city or town) near Glen Rock
(State or country) Penna

10 NAME OF FATHER Henry Grove

11 BIRTHPLACE OF FATHER (city or town) Shrewsbury
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Louisa Lippelfinger

13 BIRTHPLACE OF MOTHER (city or town) near Shrewsbury
(State or country) Penna

Informant Mr. Wm H. Herbst
(Address) 417-E Biddle St

Filed 19 HAMPSON JONES, M. D.
SEP 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep-16-1926.

17 I HEREBY CERTIFY, That I attended deceased from May, 1922. to Sept. 16, 1926.
that I last saw h alive on Sept 15, 1926,
and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilatation
Cardio-Nephritis Decompensatio
Arteri Sclerosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis
Myocarditis
(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept 18 1926
20 UNDERTAKER	ADDRESS
Stewart Hearse Co.	1080 North.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14179

CERTIFICATE OF DEATH.

89 E 14179

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 E. Biddle St. 10-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Guillin

(a) RESIDENCE NO. 717 E. Biddle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Guillin

6 DATE OF BIRTH (month, day and year) Don't Know

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
Yrs.	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) & Ireland

(State or country)

10 NAME OF FATHER Owen Guillin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Duffey

(Address) 717 E. Biddle

15 Filed ....., 19..... C. HARRISON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15th 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 1926, to Sept. 15th, 1926, that I last saw h.. alive on Sept. 15th, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 3 days mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter Mark M. D.

, 19 (Address) 3003 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cem. Date of Burial Sept. 18 1926

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Light St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14180

CERTIFICATE OF DEATH.

124 E 14180

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. German Aged Home St., 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Ford.

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 11 1840

7 AGE: Years 86 | Months 8 | Days 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: Robt Emmart

11 BIRTHPLACE OF FATHER (city or town): Balto Co.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Zimmerman

13 BIRTHPLACE OF MOTHER (city or town): Balto Co.

(State or country): Md.

14 Informant: Records German Aged Home

(Address): Balto and Patterson Pks

Filed SEP 17 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb, 1925, to Sept 16th, 1926, that I last saw he alive on Sept 15th, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Ford, M. D.

9/17, 1926 (Address) 1043 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem (Rockyn Sec) Date of Burial Sept 18 1926

20 UNDERTAKER: Joseph L Cook ADDRESS 1002 N. Calvert St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14181

CERTIFICATE OF DEATH

E 14181

1-PLACE OF DEATH 1602 E Fredgrave St. 8-2 161-001

REGISTERED NO._____

City of BALTIMORE: (No. 1602 E. Federal St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo E. Ehrhart Jr

(a) RESIDENCE NO. 1602 E Federal St. Ward 8

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, ~~Married~~, Widowed, or Divorced, (~~Write~~ the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 15 1926

7 AGE — Years | Months | Days: 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) Dallas

(State or country) Texas

10 NAME OF FATHER Geo E. Ehrhart

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nettie Meadows

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Geo E. Ehrhart Sr

(Address) 1602 E Federal St

Filed SEP 17 1926 WILLIAM H. JONES, M. D. Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Sept 17, 1926, that I last saw him alive on Sept 16, 1926, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 month intro gestation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Place of death

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Visual Exam

(Signed) C. W. Mackenzie, M. D.

Sept 17, 1926 (Address) 1546 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dallas Cemetery Date of Burial Sept 17 1926

20 UNDERTAKER Robt Johnson ADDRESS 1542 N. Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14182

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 14182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Longwood St.; N-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Vogt

(a) RESIDENCE. No. 531 Longwood ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white.	Widower.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Henriette Vogt

DATE OF BIRTH (month, day, and year) Dec 14 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19	80	9	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer) Baking bread.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER — Vogt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER — Vogt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Otto C. Breitenesch

(Address) 531 Longwood.

Filed ..... 19 ..... C. P. JOHNSON JONES M. D. Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925 to Sept 15, 1926.

that I last saw h.im alive on Sept 15, 1926.

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

acute Cardiac Dilatation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurg. - Chronic Myocarditis generalized arterio Sclerosis. 5 yrs.

(duration) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Wm Michel, M. D.

Sept 16 1926 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul Cemetery Violetville	Sept 18 1926

20 UNDERTAKER Robt J Turner Sr ADDRESS 1442 N Broadway

Cor.—1-12-23—M&T—100 Bks.

E 14183 HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 14183

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. Madison ST. 10-7 WARD)

2-FULL NAME Samuel Todd

(a) RESIDENCE NO. 1102 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Todd

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Semester
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S.C.

10 NAME OF FATHER: Mack Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Rose Forgil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Hattie Todd
(Address): 1102 E. Madison St.

Filed ..... 192 .....

C. THOMPSON JONES, M. D.
Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined-possibly specific (duration) yrs. mos. ds.

(Signed) J. H. Noel M. D.
(Coroner)

9/17/26 192 (Address) 508 E Fronta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Sept 19 192 6

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Carolina St.

Spec.—1-10-21—M&T—1500 Bks.

Lentz

E 14184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 14184

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 E. Hamilton Ave ST 27-11 WARD)

2-FULL NAME Infant of William + Elinor Lentz

(a) RESIDENCE No. Harewood Park, Chase WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept. 17, 1926

8 AGE: Years | Months | Days | If LESS than 1 day, hrs. or 15 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 902 E. Hamilton Ave (State or country) Hamilton, Maryland

10 NAME OF FATHER William Baker Lentz

11 BIRTHPLACE OF FATHER (city or town) Mt. Airy, (State or country) Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER Elinor Marie Van Cleaff

13 BIRTHPLACE OF MOTHER (city or town) Hamilton Ave (State or country) Hamilton, Maryland

Informant William Baker Lentz

(Address) Harewood Park, Chase, Md

Filed Sept 17 1926 HARRISON JONES, M. D. Registrar

Per RJ

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...,

that I last saw h... alive on ....., 19...,

and that death occurred, on the date stated above, at 12 25 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth Caused by hydramnios

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edw A Benson M. D.

Sept 17 1926 (Address) Dresden Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lassahn Burial Granted	Sept. 17 1926
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fullerton

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14185

CERTIFICATE OF DEATH.

32 E 14185

1-PLACE OF DEATH

SYDENHAM HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 19-2 REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Lee Miller

(a) RESIDENCE NO. 1822 Mc Henry St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) July 24, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	22 21	

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work ..... ppo

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER James C Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sioux City Iowa

12 MAIDEN NAME OF MOTHER Viola Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Mrs. J. C. Miller

(Address) 1822 Mc Henry St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 19 26, to Sept 16, 19 26, that I last saw h alive on Sept. 16, 19 26, and that death occurred, on the date stated above, at 5-20 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis - Tuberculous

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lumbi Puncture

(Signed) Mynon G Tull, M. D.

9/17, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept. 17 19 26
UNDERTAKER	ADDRESS
George L. Schmidt	3101 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

E. 14186 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E. 14186

43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Hillsdale Rd 28-3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Michael Z. Hammen

(Residence in Baltimore: No. 3902 Hillsdale Road St.; 81 yrs., 6 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 17 (Day), 1845 (Year)

7-AGE, 81 yrs. 6 mos. 30 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

10-NAME OF FATHER, John Hammen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Zidant

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Hammen

(Address) 3902 Hillsdale Road

C. [illegible] SEP 17 1926

Filed ..... Per 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 16 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1926, to Sept 16 1926, that I saw him alive on Sept 11 1926, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

Organ Involving Larynx

Duration yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

Duration yrs. mos. 3 16 ds.

(Signed) Frances A. Carbutte M. D.

Sept 16 1926. (Address) 210 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Ridge	Sept. 18, 1926
20-UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 14187.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 14187

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Carey St. 19-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ella M. Gwaltney

(a) RESIDENCE NO. 430 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: Almarine A Gwaltney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary A Thayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: L F Gwaltney

(Address) 2655 N Calvert St

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1926, to Sept 16, 1926

that I last saw h[illegible] alive on Sept 16, 1926

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the large Intestine.

About (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Partial Obstruction of bowels (duration) yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Duvall M. D.

9/7 1926 (Address) 1817 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Sept 18 1926

20 UNDERTAKER: George J Smith — ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Blks.

14188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14188

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 28-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Jessie Eckstein Goldstein

(a) RESIDENCE NO. 3007 Tyburn Oak Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Goldstein.

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1889

7 AGE: Years 36; Months 8; Days 23; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sharon Pa.

10 NAME OF FATHER Solomon Eckstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

Informant Mr. B. Goldstein

(Address) 3007 Tyburn Oak

FILED 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-14 1926 to 9-17 1926

that I last saw her alive on 9-17 1926

and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis, (cause)
Acute Obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinically

(Signed) Harry Weintraub M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia, Pa.

DATE OF BURIAL: 9/17 1926

20 UNDERTAKER: David Sondheim

ADDRESS: 1700 Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14189 E 14189

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 47-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin H. Banks

(a) RESIDENCE NO. 645 Haw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Amanda Banks

6 DATE OF BIRTH (month, day, and year) Feb. 25 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER David Banks

11 BIRTHPLACE OF FATHER (city or town) " (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Justis

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) " " Va.

Informant Mrs Amanda Banks

(Address) 645 Haw St.

Filed 9/17 1926 C. HAMPSON JONES, M. D. Registrar

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-1, 1926, to 9-17, 1926, that I last saw him alive on Sept. 17, 1926, and that death occurred, on the date stated above, at 5:30 Am.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Cardiac insufficiency

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma bladder

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) J. Theron Hunter, M. D.

9/17. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Sept 1926

20 UNDERTAKER Wm Bickert Sons

ADDRESS Norfolk Va

Spec—12-23-21—E.B.R.S.—400 Blks.

E 14190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 504 Chapel Gate Lane St. (Northfields) 28-5 Ward) 45

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis M. Davis

(a) Residence No. 504 Chapel Gate Lane St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or) WIFE of~~ Phebe Odell Davis

6-DATE OF BIRTH (month, day and year) Aug 22/62

7-AGE. 64 yrs. 23 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Commission

(c) Name of employer Self (Davis & Davis)

9-BIRTHPLACE (city or town) (State or Country), Md.

10-NAME OF FATHER, Geo. Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret Waters

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-(Informant) Mrs. Phoebe Davis

(Address) 504 Chapel Gate Lane

15-Filed 1926 C. THOMPSON JONES, M. D. Registrar.

1926 Pat

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 15/26

17- I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Sept 15, 1926

that I last saw him alive on Sept 15, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon and contiguous structures.

about 1 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia & myocardial insufficiency

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 12/26

Was there an autopsy? no

What test confirmed diagnosis? manual test

(Signed) H. L. E. Knight M. D.

Sept 16, 1926 (Address) 1002 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Hebb's Chapel DATE OF BURIAL, Sept 18, 1926

UNDERTAKER. W. D. Tuckner ADDRESS Towson Md

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14191 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14191

CERTIFICATE OF DEATH. 43

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Monastery ave St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Schnufer

(a) RESIDENCE. No. 380 Monastery Ave St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary W Schnufer

6 DATE OF BIRTH (month, day, and year): Feb. 24 1864

7 AGE: Years 62. Months 6 Days 1 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 508

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo. Schnufer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kundgade Schnufer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Thos. W. Carter 3801 Monastery ave

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1 1926 to Sept 16 1926, that I last saw him alive on Sept 14 1926, and that death occurred, on the date stated above, at 10 15 a m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Mouth

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion & Hypostatic Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cancer & Heart Failure

(Signed) Charles Carroll M. D.

19 (Address) 1740 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept. 18 1926

20 UNDERTAKER: F. A Ireauxson — ADDRESS: 703 Howard St

Spec.—1-10-21—M&T—1500 Bks.

E 14192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14192

CERTIFICATE OF DEATH.

3101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Mad. ave. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elvie Higgs Sloan

(a) RESIDENCE No. 2730 Mad. ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Higgs

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE — Years: 37 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Edward Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia Wright Md

12 MAIDEN NAME OF MOTHER: Georgia Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Elvie Sloan

(Address) 1512 Division St

Filed 1926, C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 17 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 26 to Sept. 17 26.

that I last saw him alive on Sept 17 26

and that death occurred, on the date stated above, at 6:50 p. m.

The CAUSE OF DEATH was as follows: Uraemia Cystitis

(Cause)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Cla, M. D.

(Address) 324 Hurst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 18 1926

20 UNDERTAKER: Daniel Carter

ADDRESS 1916 Pennsylvania

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14193

CERTIFICATE OF DEATH.

E 14193

1-001

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St., 16-6 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olympia Handy

(a) RESIDENCE NO. 1130 Woodyear St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 27, 1909

7 AGE: Years 16 | Months 11 | Days 18 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland. -

10 NAME OF FATHER Charles Handy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Margaret Handy

(Address) 1130 Woodyear St.

15 Filed 1926 C. EAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1926 to Sept 15, 1926

that I last saw her alive on Sept 15, 1926

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis - secondary to

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

Typhoid fever (duration) yrs. mos. 9 ds.

Was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. Jessup, M. D.

9-16, 1926 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — Date of Burial: Sept 18 1926

20 UNDERTAKER: Mrs Jas. A. Dennis — ADDRESS: 630 Presstman st.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14194 — **E 14194**

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. (St.) (Ward)

2-FULL NAME Mrs. Margaret Fullem

(a) RESIDENCE No. 2443 Edmondson Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. — mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of: John E. Fullem

6 DATE OF BIRTH (month, day, and year): Sept. 1 - 1853

7 AGE — Years: 73 — Months: — — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

10 NAME OF FATHER: Patrick Garvey.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Miss Keelan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Mrs. A. T. Benedict

(Address): 2443 Edmondson Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1926, to Sept 16, 1926.

that I last saw her alive on Sept 16, 1926

and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Diabetic Coma

(duration) ..... yrs. ..... mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Louis I. Levy, M. D.

9/16, 1926 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elmer A. Conklin, 924 E Eager St. — DATE OF BURIAL

20 UNDERTAKER: New Cathedral Cemetery, Sept 20-1926 — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14195

CERTIFICATE OF DEATH.

574-001

E 14195

REGISTERED NO._____

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. ~~19 S. Greene~~ St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Armstrong

(a) RESIDENCE NO. 1938 W Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward G Armstrong

6 DATE OF BIRTH (month, day, and year): May 27 - 1869

7 AGE: Years 57 Months 3 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

10 NAME OF FATHER: Thomas Scott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER: Margaret Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Edw. G. Armstrong

(Address) 1938 W. Franklin St

15 Filed: C. [illegible] Registrar

Per [illegible]

1976

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arterial Hypertension

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Howard A. Fisher M. D.

(Coroner)

, 19 26 (Address) 232 5 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Sept 20 19 26

20 UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E. Eager

Spec.—1-10-21 M&T 1500 Bks.

E 14196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14196

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Stinson St ST. 20-4 WARD)

2-FULL NAME John Wiedey.

(a) RESIDENCE NO. Augusta Ga. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 29 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 5-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
67		7	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles Wiedey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Wilhelmina Lenkuhl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Charles Wiedey jr.

(Address) 324 Stinson St.

Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Sept 16, 1926

that I last saw h in alive on Sept 16, 1926

and that death occurred, on the date stated above, at 12-30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Dr. Campbell

Date Sept 17, 1926 (Address) 1644 Linwood M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. DATE OF BURIAL Sept. 18 1926

20 UNDERTAKER Charles J. Schwab ADDRESS 505 N. Monroe St.

Cor.—1-12-23—M&T—100 Bks.

E 14197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14197

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Whalecat ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shirley Lee

(a) RESIDENCE NO 1327 Whalecat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced (write the word): —

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 7 1926

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		2	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

NAME OF FATHER Rudolph Butler

BIRTHPLACE OF FATHER (city or town) (State or country) Va

MAIDEN NAME OF MOTHER Lena Toney

BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hamett Mastin
(Address) 1303 N. Carey St

Filed SEP 8 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) D. T. Henderson, M.D.
(Coroner.)

9/7, 192 6 (Address) 240 Eden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Sept 8 192 6

20 UNDERTAKER Clarence E. Welsh ADDRESS 2644 W. Cary

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 14198

CERTIFICATE OF DEATH. 188-002

E 14198

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 171 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hayes

(a) RESIDENCE NO. 1212 myrtle ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lotty Hayes

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 26 — Months: — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

10 NAME OF FATHER: Hayes

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country): unknown

14 Informant: Father ~~Lotty~~ Hayes

(Address): 1212 myrtle ave

15 [illegible] 19 [illegible]

1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fracture of skull
Rupture of heart
Rib fracture
Partial pneumothorax
Shock

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Hemorrage - brain

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) James M Fenton M. D.

(Coroner)

9/13 1926 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents only)

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Lincoln Highway Hanford O

Former or usual residence 1212 Myrtle ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Sept 15 1926

20 UNDERTAKER: J A Bisanz Son — ADDRESS: 1108 Mulberry St

Spec.—1-10-21—M&T—1500 Blks.

E 14199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14199

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 17-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Wilson

(a) RESIDENCE NO. 523 W Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wilson

DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) O/K

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St Marys Co Md North Carolina

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant City Hospital Records (Address)

C. E. [illegible] JONES, M. D. Registrar

1926 Sept 19 ARS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 16 1926

17

I HEREBY CERTIFY, That I attended deceased from September 14, 1926, to September 16, 1926, that I last saw h. alive on Sept. 15, 1926, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Nephritis
Myocardial Insufficiency
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Draper Smith, M. D.

Sept 17 1926 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Md	Sept 18 26
20 UNDERTAKER	ADDRESS
Samuel Wesley	523 W Biddle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14200 E 14200

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St. 13-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eloise Lee

(a) RESIDENCE NO. 1110 Eden Alley St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred all yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 6 - 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	4	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Howard Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Clara Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: J K Hoerner M.D.

(Address): Johns Hopkins Hospital.

Filed ..., 19... Per ... Registrar

C. HAMPSON JONES, M. D.

926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1926, to Sept. 16, 1926, that I last saw her alive on Sept. 16, 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Eclampsia gravidarum

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) J K Hoerner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Sept 18 26

20 UNDERTAKER: Samuel J. Hensley ADDRESS 578 N Eutaw

Spec.—12-9-25—A Co.—200 Bks.

E 14201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14201

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 341 St. Helena Ave. St., 2679 Ward)

2-FULL NAME Myrtle V. Mitchell

(a) RESIDENCE NO. 341 St. Helena Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Mitchell

6 DATE OF BIRTH (month, day, and year) June 16th, 1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home-Work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

10 NAME OF FATHER William K. Lowery

11 BIRTHPLACE OF FATHER (city or town)

(State or country) City

12 MAIDEN NAME OF MOTHER Annie Russell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Wm. A. Mitchell

(Address) 341 St. Helena Ave.

15 Filed _____, 19____ 1926 C. JOHNSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 17 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Sept. 17, 1926, that I last saw her alive on Sept 17, 1926, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY —

(Secondary)

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Balto, Md.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. W. Keier, M. D.

9/17, 1926 (Address) Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Matthews Cemetery	9/20 1926

20 UNDERTAKER ADDRESS

E. J. Fanning Inc - 1938 E. Lafayette Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 14202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14202

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts ST., 6-3 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis A Herr.

(a) RESIDENCE No. 238 N Milton ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed -

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cath. Herr

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 49 | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Collector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER Francis T. Herr

11 BIRTHPLACE OF FATHER (city or town) Ger.
(State or country)

12 MAIDEN NAME OF MOTHER Clara Heimpier

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Jos. J. Herr
(Address) 156 N. Luzerne

Filed ....., 19.....
Per ..... Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Sept 16, 1926.

that I last saw him alive on Sept 16, 1926.

and that death occurred, on the date stated above, at 7 25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach -

(duration) about 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At Home -

Did an operation precede death? yes Date of Sept 9 '26.

Was there an autopsy? no -

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Worrall M. D.

, 19 (Address) St Josephs Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14203 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14203

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2913 E. Balto. St., 1-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Herr

(a) Residence No. 2913 E. Balto St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 7 1871

7-AGE. 55 yrs. 3 mos. 8 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. (State or Country), Md.

10-NAME OF FATHER, Matthias Herr

11-BIRTHPLACE OF FATHER (city or town) Ger. (State or Country),

12-MAIDEN NAME OF MOTHER, Margt. Diebel

13-BIRTHPLACE OF MOTHER (city or town) Balto Md. (State or Country)

(Informant) Mrs Kath. Herr

(Address) 2913 E. Balto. St.,

Filed 1927 C. THOMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9-16-26

17- I HEREBY CERTIFY, That I attended deceased from 3-1-, 19 26 to 9-16-, 19 26 that I last saw h[illegible] alive on 9-16-, 19 26 and that death occurred, on the date stated above, at 7.50 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H Herrmann

9-16- 19 26 (Address) 2913 E Balto

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept. 20, 19 26

20-UNDERTAKER, Jos. J. Herr — ADDRESS 156 N. Luzerne

Spec.—8-24-14—M. & T.—2000 Bks.

14204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14204

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Cathedral ST.: 11-2 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hesseltine

(Residence in Baltimore: No. 918 Cathedral St. St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ? (Month) (Day), 1856 (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): 188

9-BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER, James Hesseltine Sr.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mary Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgleamer Hesseltine

(Address) 918 Cathedral

Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 15 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1926, to Sept 15 1926, that I saw h[illegible] alive on Sept 15th 1926, and that death occurred, on the date stated above, at 5.15 p.m.

The CAUSE OF DEATH* was as follows:

Cause Uncertain

Year (Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hem[illegible]

(Duration) 3 yrs. mos. ds.

(Signed) [illegible] M. D.

Sept 15, 1926 (Address) 3134 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 9.18.1926

20-UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14205

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 401 Schwartz Ave St., 27 (WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Gaulett

(a) RESIDENCE NO. 401 Schwartz Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Gaulett

DATE OF BIRTH (month, day, and year) ? 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Jacob Ranalls

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Georgianna Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Helen Hughes

(Address) 184 Hollins Road-Roland Park

Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1924 to Sept. 15 1926, that I last saw her alive on Sept. 15 1926, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy.

(duration) yrs. mos. 1/2 hr.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H C Klein, M. D.

Sept 16. 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery.

DATE OF BURIAL 9/18/1926

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14206

41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. James De Moss

(a) RESIDENCE NO. 608 E. 30th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs C.W. De Moss.

DATE OF BIRTH (month, day, and year) aug 3-1885

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	40	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 63

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto md

10 NAME OF FATHER C. W. De Moss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER Doris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Mrs James De Moss

(Address) 608 E. 30th st.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-6-26, 19 . to 9-17-26, 19 .

that I last saw him alive on 9-17-26, 19 ,

and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Abscessed Tooth)

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Wagner Jr M. D.

, 19 (Address) Md Gen Hospx

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: Geo M. Fenhagen

ADDRESS 811 N Wolfe

Spec.—1-10-21—M&T—1500 Bks.

E 14207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14207

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Bank ST. 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Schaefer

(a) RESIDENCE NO. 1923 Bank ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 68 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Schaefer

DATE OF BIRTH (month, day, and year) April 13, 1843

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
83	6	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Knorr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Conrad Schaefer

(Address) 1923 Bank St

C. THOMPSON JONES, M. D.

Filed 1926 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 16, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sep. 1, 1924, to Sep. 16, 1926.

that I last saw her alive on Sep. 15, 1926

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5- yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) E. L. Peregoy M. D.

Sep. 17-1926. 5-x Druid Pk

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sep 20 1926

20 UNDERTAKER Wendell Duffel & Son — ADDRESS 378 N

Spec.—1-10-21—M&T—1500 Blks.

E 14208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14208

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (ST.) 97 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Frazier

(a) RESIDENCE No. 1300 Central Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unkn own yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer) 62

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RWH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1926 to Sept. 16 1926,

that I last saw him alive on Sept. 16 1926,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculosis Enteritis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gattens, M. D.

9-17 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: Robt J Turner & Son — ADDRESS: 1442 N Broadway

Spec.—12-9-[illegible] Col.—200 Bks.

1926-579 E 14209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 14209

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-W Ward)

2-FULL NAME Vernon Hawkins

(a) RESIDENCE NO. 525 N. Central Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....0

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto

10 NAME OF FATHER Franklin Hawkins

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Balto

12 MAIDEN NAME OF MOTHER Mamie Collins

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Balto

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 1926 C. R. PATTERSON, JR., M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Sept 17, 1926, that I last saw him alive on Sept 17, 1926, and that death occurred, on the date stated above, at 10 04 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) .....yrs. .....mos. 21 ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Thomas B. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Sept. 18 1926

20 UNDERTAKER Mrs J. G. Locke ADDRESS 1302 Jefferson

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 14210

CERTIFICATE OF DEATH.

31 E 14210

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS H OSPITAL S. 10-2 Ward)

2-FULL NAME William Smith

(a) RESIDENCE NO. 1239 Ashland Ave Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1925

7 AGE: Years 1 | Months 2 | Days 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.

12 MAIDEN NAME OF MOTHER Annie Mapp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Records

(Address)

15 Sept 19 1926 JOHNS HOPKINS H. C. JAMESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Sept 17

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Sept 17, 1926, that I last saw h. alive on Sept 17, 1926, and that death occurred, on the date stated above, at 5 PM 30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) ___ yrs. 2 mos. ___ ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) ___ yrs. ___ mos. 10 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? N. Date of_____

Was there an autopsy? N.

What test confirmed diagnosis? Spinal Puncture

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rosary Cem. Date of Burial: Sept 19 1926

20 UNDERTAKER: Mrs J. G. Locke ADDRESS: 1302 Jefferson.

Spec.—12-[illegible] A Co.—200 Bks.

1955 E 14211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001

E 14211

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-2 Ward)

2-FULL NAME Franklin Hankins

(a) RESIDENCE NO. 525 N. Central Ave St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) ....

(State or country) Balto.

10 NAME OF FATHER Franklin Hankins

11 BIRTHPLACE OF FATHER (city or town) ....

(State or country) Balto.

12 MAIDEN NAME OF MOTHER Jeanne Collins

13 BIRTHPLACE OF MOTHER (city or town) ....

(State or country) Balto

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 26 C. HAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1926, to Sept 17, 1926, that I last saw h[illegible] alive on Sept 17, 1926, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? no

What test confirmed diagnosis? ....

(Signed) B M Rutledge, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel Cem.	Sept 18 1926

20 UNDERTAKER Wm J. G. Locke ADDRESS 1302 Fulton

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14212

3/ E 14212

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 16 N. East ave. Ward 6 3)

2-FULL NAME Emma E. Coburn

(a) RESIDENCE NO. 16 N. East ave St. 6 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 9 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm M. Coburn

6 DATE OF BIRTH (month, day, and year) Sept. 7th 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER Everhardt Z. Hoffbrauer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Katie Ahlers.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Y.

14 Informant William M. Coburn

(Address) 16 N. East ave.

15 Filed 19

1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Sept. 16th

17 I HEREBY CERTIFY, That I attended deceased from June 1 1926, to Sept 16 1926, that I last saw h.. alive on Sept 16 1926, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal TB

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopical

(Signed) Dr. [illegible], M. D.

9/7. 19 26 (Address) 330 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Sept. 20 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14213 (1925 350)

E 14213 (16-002)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 2-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Green

(a) RESIDENCE NO. 406 S Chapel St. 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): April 3, 1925

7 AGE: Years 1 | Months 5 17 | Days 13 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: Joseph Green

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Florence Ahler

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Maryland

14 Informant: Records

(Address) JOHNS HOPKINS HOSP

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per phh

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1926, to Sept 16, 1926, that I last saw h.er alive on Sept 16, 1926, and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Acute bacillary dysentery

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stool Culture

(Signed) Thomas B Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial Sept. 18 1926

20 UNDERTAKER: Lilly & Green ADDRESS 4030 Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14214 129 E 14214

CERTIFICATE OF ~~DEATH~~.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. _____ St. 17-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Denby

(a) RESIDENCE NO. 551 Greenmount St 20 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 50 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Launderss

(b) General nature of industry, business, or establishment in which employed (or employer): Dont

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant Lizzie Jones

(Address) 551 Greenmount Ave

Filed ..... 19 ..... G. THAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arterial Sclerosis

Chronic Interstitial Nephritis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Steiner, M. D. (Coroner)

19 26 (Address) 3325 Valley Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: Sept 18/26

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14215 ✓ E 14215

CERTIFICATE OF DEATH.

118-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square St. (Hospital) WARD)

2-FULL NAME Mr. Henry Horz

(a) RESIDENCE NO. 1907 W Lombard St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widower.

6 DATE OF BIRTH (month, day, and year): Aug 8th 1844

7 AGE: Years 82 Months 1 Days 9

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Gottlieb Horz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Mary E. Keyser

(Address) 1907 W. Lombard St.

Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Sept 17, 1926, that I last saw him alive on Sept 17, 1926, and that death occurred, on the date stated above, at 6:30 p m.

The CAUSE OF DEATH* was as follows:

Amputated Femur Right.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ..... yrs. ..... mos. 3 hrs. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Sept 17 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) B. A. Evans, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westlawn Cemetery DATE OF BURIAL: Sept. 21 1926

20 UNDERTAKER: George L. Schmidt & Co. ADDRESS: 1101 Eutaw St.

Spec.—12-9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14216

CERTIFICATE OF DEATH.

74-001

E 14216

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 N. Wolfe St., 7 Ward 2

2-FULL NAME Mary H. Smith

(a) RESIDENCE NO. 517 N. Wolfe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Geo F. Smith

6 DATE OF BIRTH (month, day, and year): July 15/53

7 AGE: Years 73; Months 2; Days —; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): Annapolis Md

(State or country)

10 NAME OF FATHER: John H. Bright

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Geo. F. Smith

(Address): 517 N. Wolfe St.

Filed ..... 19 .....

1926 Per BPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/15/26

17 I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1926, to Sept. 15th, 1926, that I last saw h[illegible] alive on Sept 15th, 1926 and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 13 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrahms, M. D.

9/16. 1926 (Address) 2360 Eutaw place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial 9/18 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14217

CERTIFICATE OF DEATH. 37-002

E 14217

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 5-2 WARD)

2-FULL NAME Charles Friedel

(a) RESIDENCE No. 1223 Orleans ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 11/25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Chas. Friedel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Edith M. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Chas. Friedel

(Address) 12 N. Rose

Filed 8 1926 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17/ 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/19/ 1926 to 9/17/ 1926,

that I last saw him alive on 9/17/ 1926,

and that death occurred, on the date stated above, at 2.05a. m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/22/26

Was there an autopsy? Yes.

What test confirmed diagnosis? X-Ray

(Signed) John A. Arkin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 9/18 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14218

14218

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1320 Bruce St., 15-13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wannetta Brookes

(a) RESIDENCE NO. 1320 Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 23 1925

7 AGE Years: 0 Months: 9 Days: 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

10 NAME OF FATHER Samuel Brookes

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Washington DC

12 MAIDEN NAME OF MOTHER Mary Ellen Lee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant Mrs. Mary Brookes

(Address) 1320 Bruce St.

15 Filed Dec 10 1925

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pleuro-Colitis 3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no other causes

(duration) yrs. mos. ds.

(Signed) H. Hamburger D.

(Coroner)

(Address) 200 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial June 18/926

20 UNDERTAKER Hamm Eaton ADDRESS Laurel

Spec.—1-10-21—M&T—1500 Bks.

E 14219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14219

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Greenmount Ave. WARD) 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Mason Smith

(a) RESIDENCE NO. 1120 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27-1869

7 AGE 57 Years 6 Months 17 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Mortimer Evens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Jane L Holt

(Address) 1120 Greenmount Ave

Filed 8-1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 6, 1925, to Sept 17, 1926,

that I last saw h alive on Sept 14, 1926,

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

9/17, 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral — DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: Mary A Gawthrop — ADDRESS: 2537 Rayner Ave

Spec.—1-10-21—M&T—1500 Bks.

14220 HEALTH DEPARTMENT—CITY OF BALTIMORE 14220

CERTIFICATE OF DEATH. 65-001

REGISTERED NO. 7—1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No.) 911 N. Durham ST., (WARD)

2-FULL NAME Charles August Schwarholz, Jr.

(a) RESIDENCE NO. 911 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 19, 1917

7 AGE: Years 9 Months 3 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Chas. A. Schwarholz, Jr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice May Kapralek

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant Chas. A. Schwarholz Sr.

(Address) Springfield Ohio

Filed 8 1926 . 19 CHAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1926, to Sept. 17, 1926, that I last saw h[illegible] alive on Sept 17, 1926 and that death occurred, on the date stated above, at 12 13 a. m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukaemia

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

, 19 (Address) 3034 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Sept. 20 1926

20 UNDERTAKER: William G. Schaeffer ADDRESS 18 K Monument

pec.—1-12-23—M&T—500 Bks.

Richardson 1127 W 25th St

E 1422I

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1422I

CERTIFICATE OF DEATH.

12-4 44

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Bardoy ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Carey.

(a) RESIDENCE NO. 2501 Bardoy ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Carey

DATE OF BIRTH (month, day, and year) Sept 8, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	—	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 06

(c) Name of employer Self.

BIRTHPLACE (city or town) ..... (State or country) Ireland.

10 NAME OF FATHER Patrick Carey.

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Alice Fitzgerald.

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

Informant Margaret Carey
(Address) 2501 Bardoy St

Filed Sept 18 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1926, to Sept 17, 1926, that I last saw h in live on Sept 17, 1926, and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:

E Hamilton

(duration) ..... yrs. ..... mos. few ds.

CONTRIBUTORY (Secondary) Carcinoma of face

Cancer (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E Richardson M. D.

Sept 18, 1926 (Address) 1127 W 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loretto Cathedral — DATE OF BURIAL Sept 20 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Monument St

Spec.—1-10-21—M&T—1500 Bks.

E 14222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14222

CERTIFICATE OF DEATH.

118-002

REGISTERED NO. 20—4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. WARD)

2-FULL NAME Sophie Cecelia Doll

(a) RESIDENCE NO. 2633 Frederick Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Doll

6 DATE OF BIRTH (month, day, and year) 12-6-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worker in Chains

(b) General nature of Industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Sophie Love

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Sister

(Address)

15 Filed 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Same, 19..., that I last saw her alive on Same, 19..., and that death occurred, on the date stated above, at 11 45 P.M.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

Sec'd

O K Corner F J Mooney

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Same (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Same

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Jerome Ed Flinn M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Sept 20, 26

20 UNDERTAKER J M Cook ADDRESS 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

1951 E 14223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002 E 14223

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-1 Ward)

2-FULL NAME Infant Warner

(a) RESIDENCE NO. St Vincents House Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1926

7 AGE: Years | Months: 2 | Dnys | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Carrie Warner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Sept 13

17

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1926, to Sept 13, 1926, that I last saw h~~im~~ alive on Sept 13, 1926, and that death occurred, on the date stated above, at 7-13 P.m.

The CAUSE OF DEATH* was as follows:

Dysentery, Bacillary

(duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? St. Vincents Asylum

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? none

(Signed) Thomas B. Cornwall, M. D.

, 19 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL | Date of Burial 19

20 UNDERTAKER | ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 14224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14224

CERTIFICATE OF DEATH.

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3433 Guilford Ave. ~~St.~~ | 2 | WARD)

2-FULL NAME Kate F. Leary

(a) RESIDENCE NO. 3433 Guilford Ave. ~~St.~~ ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Leary

DATE OF BIRTH (month, day, and year) Jan 22 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) House-wife

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER George Wiegee

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Davis

13 BIRTHPLACE OF MOTHER (city or town) St Mary's Co. (State or country) Md

Informant Lois M. Leary

(Address) 3433 Guilford Ave.

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Sept 17, 1926

that I last saw her alive on Sept 16, 1926

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of the Ovaries

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Thyparaul

(Signed) Geo. A. Denny, M. D.

1926 (Address) 2715 Harford Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery — DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 14225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14225

CERTIFICATE OF DEATH.

99-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 E Eager ST., 7 WARD

2-FULL NAME Mary C. Tarlton

(a) RESIDENCE NO. 1809 E Eager ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Tarlton

6 DATE OF BIRTH (month, day, and year) March 22 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	24	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

10 NAME OF FATHER John Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary's Co Md.

12 MAIDEN NAME OF MOTHER Alice Cecil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary's Co Md

Informant Mr. William C. Tarlton.

(Address) 1809 E Eager St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to Sept 16, 1926, that I last saw her alive on Sept 15, 1926, and that death occurred, on the date stated above, at 7.52 P. m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(duration) yrs. 3/2 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Phy Exam.

(Signed) G C Slades, M. D.

Sept 16, 1926 (Address) 143 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept 20 1926
20 UNDERTAKER	ADDRESS
Henry Hoen & Son	1801 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 14226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14226

CERTIFICATE OF DEATH.

113

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 Patapsco St Westport WARD) 25-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leslie E. Curtin

(a) RESIDENCE No. 342 Patapsco St ST. Westport WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced (HUSBAND of (or) WIFE of): None

6 DATE OF BIRTH (month, day, and year): July 11, 1926

7 AGE — Years: — Months: 2 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Child.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Leslie Curtin

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Mary Tally

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Leslie E. Curtin

(Address) 338 Patapsco St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-9- 1926, to 9-17- 1926, that I last saw him alive on 9-15- 1926, and that death occurred, on the date stated above, at 3 15 a. m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(duration) — yrs. — mos 21 ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Stools.

(Signed) Chester Riland, M. D.

9-17-1926 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: Nelson E. Stiles — ADDRESS 231 2nd. Ave Westport

1926 C. HAMPSON JONES, M. D.

Registrar

Per .....

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14227

CERTIFICATE OF DEATH.

E 14227

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Primrose Ave St., 25 Ward) near Wilkins Ave

2-FULL NAME John J. Ziegler

(a) RESIDENCE NO Primrose Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Callahan Ziegler

6 DATE OF BIRTH (month, day, and year): July 12th 1861

7 AGE — Years: 65 — Months: 2 — Days: 4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor. $40

(b) General nature of industry, business, or establishment in which employed (or employer): Groc. Ziegler

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

10 NAME OF FATHER: Joseph Ziegler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Amelia Strauss

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Rose Ziegler

(Address): Primrose Ave near Wilkins

Rec'd 1926 C. RAMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/16 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/12, 1926, to 9/16, 1926, that I last saw him alive on 9/15, 1926, and that death occurred, on the date stated above, at 2.10 m.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerotic myocardial degeneration

Auricular fibrillation

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) .....yrs. .....mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Treadgurs

(Signed) Damian P. Alagia, M. D.

, 19 (Address) 3316 Auchentoroly Ter.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

Date of Burial Sept 20 1926

20 UNDERTAKER: Edw F Cowan & Son

ADDRESS: Rev F J Cowan Gas Holders Sta

Cor.—12-9-25—A Co.—200 Bks.

E 14228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

24-3

E 14228

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1416 Richardson St., ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sylvester.

(a) RESIDENCE NO. 1416 Richardson St. St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. 1 mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) September 17, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or 15 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Stanislaus Sylvester.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Siedlcka.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

Informant Stanislaus Sylvester (father)

(Address) 1416 Richardson St.

Filed ____ C. HAMPSON JONES, M. D.

Registrar

8 1926 Per ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto Reinhardt M. D.

(Coroner)

9/18 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary cem Sep 18 1926

20 UNDERTAKER — ADDRESS

John mcAleer 1803 Bank st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14229

CERTIFICATE OF DEATH.

177

E 14229

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University East St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miriam S. Goverman

(a) RESIDENCE NO. 2605 East Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 13 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of Samuels Abraham Goverman

6 DATE OF BIRTH (month, day and year): April 1895

7 AGE — Years: 27 Months: 6 Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): —

(State or country): Russia

10 NAME OF FATHER: Solomon Samuel

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Bella Diner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

Informant: Sarah Diner

(Address): 2605 East ave

Filed....., 19 C. HAMPSON JONES, M. D.

Registrar

For 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Pneumonia Lobar~~ Bronchial Pneumonia

Bi Chlamd Paroxysmal

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maud L. Busch M. D.

(Coroner)

Sept 17 1926 (Address) 3328 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd — Date of Burial: 9/19 1926

20 UNDERTAKER: H. Lennser & Bro E Balt — ADDRESS 127

Spec.—1-12-23—M&T—500 Blks.

E 14230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14230

CERTIFICATE OF DEATH.

7/4-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1930 Aisquith ST., 9—5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Frances Carmack

(a) RESIDENCE No. 1930 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John Carmack

DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Robt. Dillmage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

Informant: Martha Anthony

(Address) 506 Winston Ave.

Filed ....., 19..... C. HAMPSON JONES, M. D.

SEP 8 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1926, to Sept. 16, 1926, that I last saw her alive on Sept. 16, 1926, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) G. L. Wall, M. D.

, 19 (Address) 426 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept. 17, 1926
20 UNDERTAKER	ADDRESS
Chris. N. Johnson	416 N. Carolina Av.

Spec.—12-9-25—A Co.—200 Bks.

E 14231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 14231

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 S. Caroline St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Bess

(a) RESIDENCE NO. 210 S. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Aaron Bess

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE — Years: 70 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0.K.

9 BIRTHPLACE (city or town):

(State or country) Russia

10 NAME OF FATHER ~~Henry~~ Epstein

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

Informant: Jack Lewis

(Address) 1439 Eastern Ave

Filed....., 19.....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18-26

17 I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1926, to Sept. 17th, 1926, that I last saw he alive on Sept. 17th, 1926, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis, Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? V.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Lab.

(Signed) R. A. Michelson, M. D.

9/19, 1926 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int Carmel Date of Burial 9/19 1926

20 UNDERTAKER: Jack Lewis ADDRESS 1439 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14232 E 14232

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 141 Garrison Blvd. (St.) 20-3 (Ward)

2-FULL NAME Morris Goodman

(a) RESIDENCE NO 141 Garrison Blvd. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 28 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Goodman

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE: Years 67 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country) Russia

10 NAME OF FATHER: Joseph Goodman

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Russia

Informant: William Goodman

(Address) 1437 E. Eager St

Filed 9 1926 19 C. M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13th 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1924, to Sept. 13th, 1926, that I last saw h.. in alive on Sept. 13th 1926, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Chronic interstitial nephritis

Hypertension

(duration) 2 yrs. 6 mos. ___ ds.

CONTRIBUTORY (Secondary) Hemoplegia

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. C. Nicholson, M. D.

9/9, 1926 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Cem. Date of Burial 9/11/26 19

20 UNDERTAKER: Jack Levin ADDRESS 1439 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 14233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 14233

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 6-3 WARD

2-FULL NAME Irving Weiss

(a) RESIDENCE NO. 2303 E. Fairmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 16 - 1918

AGE: Years 8 | Months 4 | Days 2 | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Detroit Mich

10 NAME OF FATHER Bernard Weiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Kay Greefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) Bernard Weiss 2303 E. Fairmount Ave

Filed 9 1926

C. HAMPSON JONES, M. D.

Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/18 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/27/26, 19 to Sept 18, 19 26, that I last saw him alive on 9/18, 19 26, and that death occurred, on the date stated above, at 12.22 a. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Spinal puncture + Bacteriological study

(Signed) John A. Oppie M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 9/18 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 14234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

E 14234

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. ST., (WARD) 4

2-FULL NAME Augustus Hippler

(a) RESIDENCE NO. 1001 N. Pearl ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin J. Hippler

6 DATE OF BIRTH (month, day, and year): Oct 21st 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto - Md.

10 NAME OF FATHER: Herman Windolf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary Hellenkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Edward M. Hippler
(Address): 1001 N. Pearl St

Filed SEP 9 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1926, to Sept 17, 1926, that I last saw her alive on Sept 17, 1926, and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Diabetic Coma

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Sept 8/26

Was there an autopsy? No Exam.

What test confirmed diagnosis? .....

(Signed) Louis T. Lavy, M. D.

9/17, 1926 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 20, 1926

20 UNDERTAKER: The Mrs. John W. Dimple & Son

ADDRESS: 801 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14235 E 14235

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. (WARD) 18-1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Hugo F. Schultze.

(a) RESIDENCE No. 1203 W. Mulberry St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) ~~Feb~~ Dec 23, 1859

7 AGE: Years 66 67 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Drug Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Druggist

(c) Name of employer: Sullivan's Drug Store

9 BIRTHPLACE (city or town) (State or country): Salts Md.

PARENTS

10 NAME OF FATHER: August Schultze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Emelia Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Emil A. Schultze

(Address) 1203 W. Mulberry St

Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Sept 16, 1926,

that I last saw him alive on Sept 16, 1926,

and that death occurred, on the date stated above, at 9:10 p. m.

The CAUSE OF DEATH* was as follows:

Uremia Left side Recurrent - 3 wks

Benign hypertrophy of prostate

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremic Coma - Bright's Disease (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Uremia.

Did an operation precede death? Yes Date of Sept 9, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. H. Jones, M. D.

, 19 (Address) Franklin Square Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept. 20 1926.

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son — ADDRESS: 801 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14236

CERTIFICATE OF DEATH.

90 E 14236

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 W. Lafayette Ave. ST.) 16 (WARD) 7

2-FULL NAME Fannie Williams

(a) RESIDENCE NO. 1323 W. Lafayette Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Fannie Johnson

(Address) 1323 W. Lafayette Ave

Filed 9/19/26, 19.... E. RAMPOLLA JONES, M. D. Registrar

By ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/31/, 19 26, to 9/17/, 19 26

that I last saw h alive on 9/14/, 19 26

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hawkins M. D.

9/17/, 19 26 (Address) 917 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 19 1926
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 N. Carey

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14237

CERTIFICATE OF DEATH.

X 31

E 14237

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Calhoun ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Hatcher

(a) RESIDENCE NO. Richmond Va ST., WARD Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Hanover Co Va

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Bernard N. Hatcher

(Address) 437 N. Calhoun

Filed 9 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Sept 18, 1926, that I last saw her alive on Sept 18, 1926, and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Tubercular Bacilli

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Va

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Thos Woodridge M. D.

9-18 1926 (Address) 703 N Lafayette Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	Sept 19 1926
20 UNDERTAKER	ADDRESS
Wm. H. Chase & Son	1405 Main

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14238 E 14238

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 3-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanne Muchle

(a) RESIDENCE NO. 1615 East Pratt ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 18 71

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or....min.
	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Roman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant City Hospital Records
(Address)

Filed ....., 19..... Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17 1926

17

I HEREBY CERTIFY, That I attended deceased from September 16, 1926, to September 17, 1926, that I last saw h.. alive on September 16, 1926, and that death occurred, on the date stated above, at 8 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Chronic Myocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hoapu Smith, M. D.

Sept 17 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Sep 20 1926

20 UNDERTAKER F. W. Gazdurski ADDRESS 1430 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926 E 14239

CERTIFICATE OF DEATH.

84 E 14239

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

City of BALTIMORE: (No. ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Skrupskis

(a) RESIDENCE NO. 346 S. Patterson Park Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ da. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ____ 1894

7 AGE: Years 32 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): — 29 0

(c) Name of employer —

9 BIRTHPLACE (city or town) ____

(State or country) Lithuania

10 NAME OF FATHER Joseph Skrupskis

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Julia Draugdowski

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSP

15 Filed SEP 19 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 18, 1926, that I last saw h alive on Sept 18, 1926, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor, benign

(duration) ____ yrs. 8 mos. ____ da.

CONTRIBUTORY (Secondary)

Meningitis, acute (duration) ____ yrs. ____ mos. 4 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept. 14, 26

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) Ferdinand C. Bee, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Sep 21 1926

20 UNDERTAKER: L. W. Gagnuki ADDRESS 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

E 14240 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14240

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) No. 9 Quick Ave ST. Rayburn WARD 26-2

REGISTERED NO .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brinstein

(a) RESIDENCE NO. 9 Quick ave ST., ... WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna Brinstein

6 DATE OF BIRTH (month, day, and year) Sept. 27. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas Md.

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mr. Frederick C. Brinstein

(Address) 9 Quick Ave

Filed SEP 18 1926 Per R.K. Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23 1926, to Sept 18 1926, that I last saw h alive on Sept 18 1926, and that death occurred, on the date stated above at 11 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Insuff of Coronary (duration) Sclerosis yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M.D.

9/18 1926 (Address) 4 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthew Cemetery

DATE OF BURIAL Sept 21 1926

20 UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14241

CERTIFICATE OF DEATH. 74-001

E 14241

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Madison ave St.: 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gentry

(a) RESIDENCE. No. 1110 Madison ave St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? 54 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jennie Gentry

6 DATE OF BIRTH (month, day, and year) Mar. 20 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	59	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) OHO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arkansas

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) " " (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) " " (State or country)

Informant Jennie Gentry

(Address) 1110 Madison ave

C. HARRISON JONES, M.D.

Filed SEP 19 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1926 to Sept 18 1926 that I last saw him alive on Sept 18 1926 and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) C. H. Jones, M. D.

Sept 19 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept. 21 1926

20 UNDERTAKER Jesse St. Tyler Goldsborough A. Biddle

ADDRESS 436

Spec.--1-10-21--M&T--1500 Bks.

Aristides S Goldsborough.

E 14242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/4-001 E 14242

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 E. 39th " ST., 12 (WARD)

2-FULL NAME Aristias S. Goldsborough.

(a) RESIDENCE No. 208 E. 39th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Reed Goldsborough

6 DATE OF BIRTH (month, day, and year): January 6. 1870

7 AGE: Years 56. Months 8 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Secy Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centreville Md

10 NAME OF FATHER: Robert Goldsborough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sidney Kinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mrs. Lillian Goldsborough

(Address) 208 E. 39th St

C. THOMPSON JONES, M. D.

Filed 19 1926 Per R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Sept. 18, 1926.

that I last saw him alive on Sept. 17, 1926.

and that death occurred, on the date stated above, at 12.15 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus A. Ohme, M. D.

19 (Address) 3014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Centreville Md — DATE OF BURIAL: Sept 20 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 120 W Fayette

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14243
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

117

E 14243
REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland General Hospital ST., 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Merritt

(a) RESIDENCE NO. 2615 E. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Geo. Merritt

6 DATE OF BIRTH (month, day, and year) 3-19-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Dept

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER Geo. A. Merritt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER M. Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Geo. A. Merritt
(Address) 1004 Point Road Baltimore Md

Filed 19 1926 19 C. HAMPSON JONES M.D. Registrar
Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-16 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-11-26, 19, to 9-16-26, 19,

that I last saw him alive on 9-16-26, 19,

and that death occurred, on the date stated above, at 10.15 P.m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix - peritonitis -

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-11-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. Conrad Zimmerman, M. D.

, 19 (Address) Md Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Sept 19 1926
20 UNDERTAKER Hughes & Jones Inc	ADDRESS 424 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 14244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14244

CERTIFICATE OF DEATH.

REGISTERED NO. 77

1-PLACE OF DEATH Colonial Hosp

CITY OF BALTIMORE: (No.) 122 N Mount ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Thomas

(a) RESIDENCE NO. 533 Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

533 Oxford St.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 35 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country): N. J.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: James Edwards (Address) 533 Oxford St

15 Filed ..., 19 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-18 1926

17

I HEREBY CERTIFY, That I attended deceased from August 27, 1926, to Sept. 18, 1926, that I last saw him alive on Sept 18, 1926 and that death occurred, on the date stated above, at 4 30 P m

The CAUSE OF DEATH* was as follows:

Acute Dementia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hulla M.D. M. D.

9 20, 1926 (Address) 1122 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Sept 20/926

20 UNDERTAKER: Daniel Horton — ADDRESS: Rome 916

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14245

CERTIFICATE OF DEATH.

32

E 14245

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William O. Burdell | 3-5

(a) RESIDENCE No. 2450 Francis St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

a If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan. 31, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lewes Del.

10 NAME OF FATHER Cyrus Burdell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berlin Md

12 MAIDEN NAME OF MOTHER Trueluve

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

Informant Cyrus Burdell

(Address) 2450 Francis St

Filed ..., 19 ... C. HAMPSON JONES, M.D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1926, to Sept. 18, 1926,

that I last saw him alive on Sept 18, 1926,

and that death occurred, on the date stated above, at 5.47 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Myron G Tull, M. D.

9/19 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Berlin Md	Sept 19/26
20 UNDERTAKER	ADDRESS 9/16
Daniel Easton	Berlin

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14246

CERTIFICATE OF DEATH. X 144

E 14246

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hospital St., 14 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary G. Hawkins.

(a) RESIDENCE NO. 566 Baker. St._____ Ward Chaneys Sta Calvert Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married,

5a If married, widowed, or divorced (or) WIFE of George E. Hawkins.

6 DATE OF BIRTH (month, day, and year): Dec. 25. 1889

7 AGE — Years: 36 — Months: 8 — Days: 22 8 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home. 3 1

(c) Name of employer: 0

9 BIRTHPLACE (city or town)_____

(State or country) Calvert Co md,

PARENTS

10 NAME OF FATHER Wm Watkins.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Calvert Co md.

12 MAIDEN NAME OF MOTHER Mahalle Harris

13 BIRTHPLACE OF MOTHER (city or town)_____ MD

(State or country) Calvert Co Md.

14 Informant Geo E. Hawkins.

(Address) Calvert Co. Md.

15 Filed SEP 19 1926, 19____ Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17. 1926.

17 I HEREBY CERTIFY, That I attended deceased from 9-16-, 1926, to 9-17, 1926

that I last saw h[illegible] alive on 9-17, 1926

and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Placenta

Child Birth

(duration) ____yrs. ____mos. 4 ds.

CONTRIBUTORY Child Birth

(Secondary)

(duration) ____yrs. ____mos. 1 ds.

18 Where was disease contracted

If not at place of death?_____

Did an operation precede death? Date of_____

Was there an autopsy?_____

What test confirmed diagnosis?_____

(Signed) W W Boykin, M. D.

, 19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chaneys Sta. Calvert Co md — Date of Burial: Sept 20 1926.

20 UNDERTAKER Mrs Jas H. Dennis — ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14247

E 14247

CERTIFICATE OF DEATH.

X 12-144

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST., ... WARD)

2-FULL NAME John Luther Starliper

(a) RESIDENCE NO. Fort Loudon, Pa ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. About 70 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella Starliper

6 DATE OF BIRTH (month, day, and year) Oct 7. 1870

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Foreman 073

(c) Name of employer Bagge Dept P.R.R.

9 BIRTHPLACE (city or town) ..... (State or country) Penn

PARENTS

10 NAME OF FATHER James Starliper

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Pa

12 MAIDEN NAME OF MOTHER Susan Wright

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Pa

14 Informant Carl W Starliper

(Address) 7039 Hamilton Blvd

15 Filed ..... 19 C. [illegible] Pittsburgh Pa

9 1926 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Sept 18, 1926, that I last saw h[illegible] alive on Sept 18, 1926, and that death occurred, on the date stated above, at 4.03 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bright's Disease

(duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Penn

Did an operation precede death? Yes Date of Sept 18

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos. H. Sparr M. D.

19[illegible] (Address) U. M. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chambersburg Penna — DATE OF BURIAL Sept 20 1926

20 UNDERTAKER Doy Cook — ADDRESS 1502 E North

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14248

CERTIFICATE OF DEATH. 100-001 E 14248

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 12—6 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna S. Small

(a) RESIDENCE NO. 411 E.Lafayette Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Small

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pennslyvania

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals, (Address) Baltimore, Md.

Filed 19 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 26, to Sept 17, 19 26, that I last saw h. on alive on Sept. 16, 19 26, and that death occurred, on the date stated above, at 7.35 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry E. Brown, M. D.

9/17/ 19 26 (Address) 1 E. Lanvale St, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury, Penna DATE OF BURIAL Sept 20 19 26

20 UNDERTAKER Wm Cook ADDRESS 502 E Lanvale

HEALTH DEPARTMENT--CITY OF BALTIMORE ✓

E 14249

CERTIFICATE OF DEATH

46

REGISTERED No. E 14249

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3104 Winfield Ave St. 1 WARD)

2-FULL NAME Fannie Virginia Scott

(Residence in Baltimore: No. 3104 Winfield Ave St.; 50 yrs. 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F

4-COLOR OR RACE: W

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June 5, 1876 (Month) (Day) (Year)

7-AGE: 50 yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.? 13

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Richard H. Coleman

11-BIRTHPLACE OF FATHER (State or country): Kent Co. Md

12-MAIDEN NAME OF MOTHER: Mary E King

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Winfield Scott

(Address) 3104 Winfield Ave

15-Filed SEP 19 1926, 191... C. PAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 18 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct., 192[illegible], to Sept 18 1926, that I saw h[illegible] alive on Sept 17, 1926, and that death occurred, on the date stated above, at 7.[illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri
(Cervix one year ago)
Recurrence - Two tissues
to liver & to testines (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Francis Tracy Dickson M. D.

..., 191... (Address) 720 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept 21, 191[illegible]

20-UNDERTAKER: W. M. Cook — ADDRESS: 503 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 14250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14250

CERTIFICATE OF DEATH.

X 9-002

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Holkins Hospital St., 7— Ward)

2-FULL NAME John W. Clem

(a) RESIDENCE NO. Thomas, W. Va. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Clem

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work RR Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) 13

(c) Name of employer 01

9 BIRTHPLACE (city or town)_____

(State or country) W. Va.

PARENTS

10 NAME OF FATHER William Clem

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) W Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) W Va

14 Informant S K Breedlove

(Address) Thomas W Va

16 Filed 9/19/26 G. HAMPSON JONES, M. D. Registrar

Per L. K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure-probably thrombus of Superior Vene Cava.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Bell, M. D.

(Coroner)

9/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Thomas W Va — Date of Burial 9/19/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14251

CERTIFICATE OF DEATH.

129 **E 14251** REGISTERED NO.

1-PLACE OF DEATH

Montebello Park.

City of BALTIMORE: (No. 4523 Maine Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob E. Binswanger

(a) RESIDENCE NO. 4523 Maine Ave St. 27 Ward 12

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Binswanger

6 DATE OF BIRTH (month, day, and year) Sept. 3, 1856.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Collector

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

10 NAME OF FATHER Emanuel Binswanger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elise Seligman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mrs. Miriam B. Myers

(Address) 4523 Maine Ave

15 Filed ..... 19 C. THOMPSON JONES, M. D. Registrar

OCT 1926 Per DK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/18/ 1926.

17

I HEREBY CERTIFY, That I attended deceased from Feb 9, 1926, to Sept. 18, 1926, that I last saw h— alive on Sept. 17, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

(duration) yrs. 6 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Myers, M. D.

9-18 1926 (Address) 5600 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Balto. Hebrew Cem.	9/20/ 1926.

20 UNDERTAKER Hurd Sondheim

ADDRESS 18-20 W. Mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14252

E 14252

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 800 Berry St St., 13 Ward 4

2-FULL NAME Augustus Hare

(a) RESIDENCE NO. 800 Berry St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~write word~~): Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Susie Hare

6 DATE OF BIRTH (month, day, and year): Sept 13 1873

7 AGE: Years 53; Months; Days 5; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Co.

(State or country)

10 NAME OF FATHER: Jacob Hare

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Susie Hare

(Address) 800 Berry St

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1926, to Sept 18, 1926, that I last saw h.. alive on Sept 18, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Cancer of liver.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davis, M. D.

9-19-1926 (Address) 800 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Carroll Co. Date of Burial Sep 21 19 26

20 UNDERTAKER: Chenowith Son ADDRESS: 36 Chestnut

Spec.—12-9-25—A Co.—200 Bks. 224

HEALTH DEPARTMENT—CITY OF BALTIMORE

194269

E 14253

CERTIFICATE OF DEATH.

49 E 14253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 13-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll Smith

(a) RESIDENCE NO. 3734 Hickory Ave. St. Hampden Ward Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	2	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

10 NAME OF FATHER James A Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bessie P. Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Records

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from October 29, 1926 to Sept 18, 1926

that I last saw h. alive on Sept 16, 1926

and that death occurred, on the date stated above, at 10.10 m.

The CAUSE OF DEATH* was as follows:

Reticulum Sarcoma with general metastases

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Md.

Did an operation precede death? yes Date of 8/3/26

Was there an autopsy? yes.

What test confirmed diagnosis? yes. Micros w/pt

(Signed) C. H. Bagley, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Hanpd Sep 20 1926

20 UNDERTAKER ADDRESS 3617

Chenoweth Son Chestnut

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14254

CERTIFICATE OF DEATH.

74-001

E 14254

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 N Chapel St., 7-3 Ward)

2-FULL NAME Catharine Kozel

(a) RESIDENCE NO. 921 N Bradford St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Kozel

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: (67) Years 69 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

10 NAME OF FATHER: Macan Buhda

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Frank Kozel

(Address): 921 N Bradford

15 Filed Sep 20 1926 G. EMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1926 to Sept 18 1926 that I last saw her alive on Sept 18 1926 and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary): Cardiac Dilation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Ry Baetz M.D.

Sept 18 1926 (Address) 801 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Date of Burial Sept 20 1926

20 UNDERTAKER: Frank Davidson ADDRESS 1906 Edmondson

Spec.—1-12-23—M&T—500 Bks.

E 14255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 14255

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1417 E. Eager ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Concetta Pitta

(a) RESIDENCE NO. 1417 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonino Pitta

DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Francesco Arconno

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Carmella Castagna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant: Antonino Pitta

(Address) 1417 E. Eager St

FILED SEP 20 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Sept 19, 1926

that I last saw her alive on Sept 19, 1926

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Gangrene Fingers. Chr Interstitial nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. DiStefano M. D.

Sept 19 1926 (Address) 407 N. Eyster St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Sept 21 1926

UNDERTAKER: Paul Crook Son

ADDRESS: 1906 Eden Ave

Spec.—12-9-25—A Co.—200 Bks.

E 14256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 **E 14256**

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 13 Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Davis

(a) RESIDENCE NO. 1428 N. Vincent St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	(Single) ?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Silas Canton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

Filed SEP 20 1926 C. HAMPSON JONES, M. D. Registrar

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to September 18, 1926, that I last saw h[illegible] alive on September 18, 1926, and that death occurred, on the date stated above, at 2-10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Hypertension

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ? ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 19 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial Sept. 21 1926

20 UNDERTAKER Franklin W. Leach — ADDRESS 709 W 33rd St

Spec.—1-10-21—M&T—1500 Bks.

E 14257.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14257

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5415 Narcissus Ave ST., WARD)

2-FULL NAME Richard F. Latham

(a) RESIDENCE No. 5415 Narcissus Av ST., 27-2 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Emma O Latham

DATE OF BIRTH (month, day, and year): Apl. 27-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	63	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand

(b) General nature of Industry, business, or establishment in which employed (or employer): 886

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Laurel Md

10 NAME OF FATHER: Richard P Latham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Laurel Md

12 MAIDEN NAME OF MOTHER: Hilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Emma O. Latham

(Address) 5415 Narcissus Av.

Filed 19 Per Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept- 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 .1926. to Sept 17 .1926.

that I last saw h alive on Sept 17 .1926.

and that death occurred, on the date stated above, at 12³⁰ P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Chronic Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clynical Examination

(Signed) A. J Davies, M. D.

9-18-. 1926 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden | DATE OF BURIAL: Sept 21 19 26

20 UNDERTAKER: A S Marshall | ADDRESS: 353 Falls Rd

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14258

CERTIFICATE OF DEATH

1-PLACE OF DEATH Stonewood Hospital

REGISTERED NO. 49

CITY OF BALTIMORE: (No. ..... ST., 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Reuben Buckingham

(a) RESIDENCE No. Willoughby Road ST., ... WARD Parkville Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? life yrs. ... mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Grace Elizabeth Buckingham

DATE OF BIRTH (month, day, and year) Mar 14 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	6	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith 006

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer North Central R.R.

BIRTHPLACE (city or town) (State or country) Harford County

10 NAME OF FATHER William Buckingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) .....

12 MAIDEN NAME OF MOTHER Mary .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Grace E. Buckingham
(Address) Willoughby Rd Parkville

Filed SEP 20 1926 C. HAMPSON JONES, M.D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1926, to Sept. 18, 1926, that I last saw him alive on Sept 18, 1926, and that death occurred, on the date stated above, at 6.22 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Cervical Glands (duration) 1 yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Wm. Pillsbury, M. D.

, 19 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Sept 21 19 26
UNDERTAKER	ADDRESS
R S Marshall	339 Fallsway

Spec.—1-10-21—M&T—1500 Bks.

E 14259 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14259

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 349 N. Belair Rd ST., 26-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Flemming.

(a) RESIDENCE No. 349 N Belair Rd ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of August Flemming.

DATE OF BIRTH (month, day, and year) June 26 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Hammel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Louisa Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant August Flemming

(Address) 349 N. Belair Rd

Filed SEP 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926 to Sept 18, 1926, that I last saw h[illegible] alive on Sept 18, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A. Hit, M. D.

9/24/26 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dartwood Cemetery	Sept 21 1926
20 UNDERTAKER John Ulrich	ADDRESS 2008 Eliza St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14260

CERTIFICATE OF DEATH.

E 14260

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1637 Ashland Ave (St.) (Ward)

2-FULL NAME Esther Bailey

(a) RESIDENCE NO. 1637 Ashland Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 14 1825

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
100	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

10 NAME OF FATHER Joseph Hopkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Newton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Della Scott

(Address) 1637 Ashland Ave

Filed ..... 19..... A. M.

SAMUEL JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

9 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19 22 to 9 17 25, 19.....,

that I last saw her alive on 9 17 25, 19.....,

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

9 20 1925 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Park Date of Burial 9 20 25

20 UNDERTAKER: Samuel Stanley & Bro ADDRESS 578 W Balto

Cor.—12-9-25—A Co.—200 Bks.

E 14261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14261

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 1224 Riverside Ave. St., 24-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward T. Wehnert Jr,

(a) RESIDENCE NO. 1224 Riversice Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 30, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Edward T. Wehnert Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lola Coates.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Lola Wehnert. (mother)

(Address) 1224 Riverside Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto C. Weinhardt M. D. (Coroner)

9/20 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery Date of Burial Sept 22 1926

20 UNDERTAKER A. Edward Evans ADDRESS 38 E Fayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14262

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Spungen

(a) RESIDENCE No. 307 S. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertie Spungen

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 35 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Gertie Spungon 307 S. Caroline St

Filed ..., 19 ... Per ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1926, to Sept. 14, 1926, that I last saw him alive on Sept. 9, 1926, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia } F.C.
Pleurisy }

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): myocardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) D. Arthur Linde, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Park, Ford

DATE OF BURIAL: Sept 19

20 UNDERTAKER: Jack Levis 1439 Eutaw St

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14263

CERTIFICATE OF DEATH.

58-001 **E 14263**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1424 E. Lombard St. 3-2 Ward)

2-FULL NAME Jacob Finkelstein

(a) RESIDENCE NO. 1424 E Lombard St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 35 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Finkelstein

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 60 | Months — | Days — | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): O/S

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

10 NAME OF FATHER Aaron Finkelstein

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant: Ellis Finkelstein

(Address) 1424 E Lombard St

Filed 20 1926 19 C. EMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 9-19-26

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 26, 19__, to Sept 19, 19 26,

that I last saw h__ alive on Sept 19, 19 26,

and that death occurred, on the date stated above, at 3 15 P. M.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Acidosis of Lungs

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Z. Bartlett, M. D.

9 20, 19 26 (Address) 701 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Date of Burial 9/20/1926

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balt St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 E 14264

14264 PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2105 Chelsea Terrace 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Clark.

(a) RESIDENCE NO. 2105 Chelsea Terrace Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie V. Clark

6 DATE OF BIRTH (month, day, and year): Feb. 21, 1860

7 AGE — Years: 66 — Months: 6 — Days: 25 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Poole & Hunt

(c) Name of employer: Engineering Co.

9 BIRTHPLACE (city or town) (State or country): Penna.

10 NAME OF FATHER: Walter Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Elizabeth Dority

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

14 Informant: Annie V. Clark

(Address): Chelsea Terrace

15 Filed 19 — C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: Sept. 18.

17 I HEREBY CERTIFY, That I attended deceased from June 15., 1926, to Sept 18., 1926, that I last saw h.. alive on Sept 17., 1926, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo W Hemmeter, M. D.

9-18, 1926. (Address) 3002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. — Date of Burial: Sept 20 1926

20 UNDERTAKER: Margaret J. Flynn — ADDRESS: 1422 Light St.

Spec.—1-10-21- M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14265

CERTIFICATE OF DEATH.

74-001

E 14265

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2543 W Lombard ST., 20th WARD

2-FULL NAME Frank Ullrich

(a) RESIDENCE NO. 2543 W. Lombard ST., 20th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 58 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of. (or) WIFE of. Elizabeth M Ullrich

6 DATE OF BIRTH (month, day, and year) July 27th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Louis C Ullrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hartmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Mrs F. C. Ullrich

(Address) 2543 W Lombard St

15 Filed SEP 20 1926 19 C. HAMPSON JONES, M. D. Registrar

Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18th 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 14th 26, 19..., to Sept 18th 26, 19..., that I last saw h— alive on Sept 18th 26, 19..., and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. H. Bloomfield M. D.

Sept 20th 26 (Address) 1 W 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Sept 21st 1926

UNDERTAKER C. B. Hilpert ADDRESS 850 W Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 14266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E 14266
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 769 Vine St (St.) 4-1 (Ward)

2-FULL NAME Beatrice Taylor.

(a) RESIDENCE NO. 769 Vine St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Blk	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Robinson Taylor.

DATE OF BIRTH (month, day, and year) June 20 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Private Home.

(c) Name of employer Mrs Gibbs,

BIRTHPLACE (city or town) (State or country) Cheston town, md.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Robinson Taylor.
(Address) 769 Vine St.

Filed 1926, 19 Per R. HARPSON JONES, M. D. R K, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19. 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Sept. 19, 1926, that I last saw h e alive on Sept. 18, 1926, and that death occurred, on the date stated above, at 6 1/2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 769 Vine St

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Urin Analysis Etc

(Signed) Chas. Norton, M. D.

9/20 1926. (Address) 888 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — DATE OF BURIAL Sept 21 1926

20 UNDERTAKER Leonard Wheeler — ADDRESS 308 N Gilmor

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14267

CERTIFICATE OF DEATH. X 123 E 14267

1-PLACE OF DEATH Mercy Hospital REGISTERED NO.

City of BALTIMORE: (No. 6 St., 4-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura J. Tweedale

(a) RESIDENCE NO. 3005 Vista St. N.E. St. Washington D.C. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of: Charles J. Tweedale

6 DATE OF BIRTH (month, day, and year): Not given

7 AGE: Years: 65 years. Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Bethlehem

(State or country): Pa.

10 NAME OF FATHER: Henry Hagle

11 BIRTHPLACE OF FATHER (city or town): Freemanstown

(State or country): Pa.

12 MAIDEN NAME OF MOTHER: Mecht, Edstriond

13 BIRTHPLACE OF MOTHER (city or town): Cheneysville

(State or country): Pa.

14 Informant: Charles J. Tweedale

(Address): 3005 Vista St. N.E.

15 Filed: G. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 9-17-26

17 I HEREBY CERTIFY, That I attended deceased from 9-8- 1926, to 9-17 1926,

that I last saw her alive on 9-17 1926,

and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows: Embolus.

Cholelythiasis for 2 years

admitted to hospital for

Cholecystectomy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystectomy.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-11-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Chase, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial: Sept 22 1926

20 UNDERTAKER: J.A. Moran ADDRESS: 3811 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14268

CERTIFICATE OF DEATH. 162

E 14268

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 S. Streeper ST., 1-2 (WARD)

2-FULL NAME Albert E. Schuh Jr

(a) RESIDENCE NO. 605 S. Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced (write the word): S

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 17-1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) City
(State or country)

10 NAME OF FATHER Albert E. Schuh

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Retta Koenig

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant (Address) Albert E. Schuh 605 S. Streeper St

Filed ....., 19.... C. HAMPSON JONES, M. D.
Registrar

0 1926 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Sept 18, 1926, that I last saw him alive on Sept 18, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

Sept 19, 1926. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Sept 20/26

20 UNDERTAKER: J. Aboran — ADDRESS: Eagle & Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 14269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 91-001

E 14269

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver. ST., 9-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen. Kelly -

(a) RESIDENCE NO. Ottoman. Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Kelly

6 DATE OF BIRTH (month, day, and year): Unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer. 0+0

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town) (State or country): Millen Beck., Va.

10 NAME OF FATHER: Joseph. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Harriett. Honey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

Informant (Address): Alice Kelly - 1209 7 avenue ave -

Filed ..... 19 ..... C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/19 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10 , 1926 , to Sept 19. , 1926.

that I last saw him alive on Sept. 19 , 1926,

and that death occurred, on the date stated above, at 4:50 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia -
Chr Myocarditis.
(pulsating. mass. in Rt abdomen)
aneurysm of Femal Artery
(duration) ..... yrs. ..... mos 3. ds.

CONTRIBUTORY (Secondary) Bronchial. pneumonia.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? No Date of ——

Was there an autopsy? None -

What test confirmed diagnosis? clinical.

9/19/26 (Signed) Clement S. Mansell, M. D.

, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millen Beck, Va.

DATE OF BURIAL: 9/21/1926

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—1-10-21 M&T 1500 Bks.

E 14270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 14270

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 4-1 WARD)

2-FULL NAME Samuel C.Dutcher

(a) RESIDENCE NO. 15 N.Pearl St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Dutcher

DATE OF BIRTH (month, day, and year) unk

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
56				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) Engraver

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York State

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed ..... 19 ..... Registrar

C. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Sept. 16, 1926.

that I last saw h im alive on Sept. 16, 1926.

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Dan'y C. Smith M. D.

9/16/26 19 (Address) Balt City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudan Park	9/20/26 19
20 UNDERTAKER	ADDRESS
James A Jones	120 Pearl St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14271

CERTIFICATE OF DEATH. 161-002

REGISTERED NO. E 14271

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital. John & Lafayette ST., City WARD) 13-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Allnutt.

(a) RESIDENCE NO. 316 E. 33rd St. City. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 16 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER James J Allnutt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Fanny E. Beck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York. Pa.

Informant James J. Allnutt

(Address) 316 E 33rd St.

Filed 20 1926, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/19 19 26

17

I HEREBY CERTIFY, That I attended deceased from 9-16-26 19 . to 9-19-26 "

that I last saw her alive on 9-19-26 "

and that death occurred, on the date stated above, at 2:35 P m.

The CAUSE OF DEATH* was as follows:

Intra-cranial haemorrhage following birth.

Prolonged labor (Dry)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) High forceps.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Spinal puncture

(Signed) John M. Berglund, M. D.

, 19 (Address) 58 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL 9/20 1926

20 UNDERTAKER J. J. Deacon Son

ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

14272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 14272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Payson ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Blake Price

(a) RESIDENCE NO. 618 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Price

DATE OF BIRTH (month, day, and year) Apr. 9th 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 061

(b) General nature of industry, business, or establishment in which employed (or employer) Balt. Patrolman

(c) Name of employer Balt. Board

BIRTHPLACE (city or town) Towson

(State or country) Charles Co. Md

10 NAME OF FATHER Richard Price

11 BIRTHPLACE OF FATHER (city or town) Don't Know

(State or country) Don't Know

12 MAIDEN NAME OF MOTHER E. Bond

13 BIRTHPLACE OF MOTHER (city or town) Don't Know

(State or country) Don't Know

Informant Eugene E. Higdon

(Address) 1611 Melvin ave Catonsville

FILED 1926 C. THAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Sept 18, 1926

that I last saw him alive on Sept 18, 1926

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 5 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. E.

(Signed) Homer E. Todd, M. D.

9/21 1926 (Address) 735 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 9/21 1926

20 UNDERTAKER Geo. Weber & Son 2503

ADDRESS Edmondson ave

Spec.—1-10-21—M&T—1500 Bks.

14273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-801 E 14273

REGISTERED NO. 20-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & olives St., 20 WARD)

2-FULL NAME Baby Jacobs

(a) RESIDENCE No. 404 N. Lauden Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9/16/26

7 AGE — Years — Months — Days 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

10 NAME OF FATHER Reifer Guy Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) maryland.

12 MAIDEN NAME OF MOTHER Agnes Teresa cunaborad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

Informant Mr. Reifer Jacobs

(Address) 404 N. Lauden Ave

Filed 0 1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/19 1926.

17

I HEREBY CERTIFY, That I attended deceased from 9/16/26, 1926, to 9/19/26, 1926, that I last saw her alive on 9/19/26, 1926, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. R. Wiseley, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL Sept 20th 1926

20 UNDERTAKER Powell Cowperthwait & Son — ADDRESS Gay & Hollins Sts.

Asst. J. J. Cowan

Spec.—12-9-25—A Co.—200 Bks.

E 14274

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 14274

CERTIFICATE ~~OF~~ DEATH.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St., 15-6 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Eugene S. Guyon

(a) RESIDENCE NO. St. Cecelias Rectory 2102 Hilton St. Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1, 1857

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
64	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest

(b) General nature of Industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) Maryland

(State or country)

10 NAME OF FATHER William H. Guyon

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Christina Summon

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Maryland

14 Informant Rev E. Jerome Winter

(Address) Windsor Ct. Hilton St

15 Filed ____, 19 ____ Registrar

C. H. THOMPSON JONES, REGISTRAR

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 9-18-26

17 I HEREBY CERTIFY, That I attended deceased from 7-6, 1926, to 9-18, 1926, that I last saw h~~e~~ alive on 9-18, 1926, and that death occurred, on the date stated above, at 730 P. m.

The CAUSE OF DEATH* was as follows:

General toxemia resulting from advanced malignancy apparently beginning in Gall Bladder ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Malignancy

____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Yes Date of 9-12-26

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) E. Passano, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial 9/22 19 26

20 UNDERTAKER Chas F. Grant & Son — ADDRESS 118 W. Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14275

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH Woman's Hosp.

REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST. 15-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ferguson

(a) RESIDENCE NO. 3527 Liberty Heights Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Robert Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Ferguson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Robert Ferguson.. 3527 Liberty Heights. Ave.

Filed 1926 C. KAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-1926.

17 I HEREBY CERTIFY, That I attended deceased from 9-20 .1926. to 9-20 .1926.

that I last saw h e alive on 9-20-26. 19 ....,

and that death occurred, on the date stated above, at 11:28 A m.

The CAUSE OF DEATH* was as follows:

asphyxia neonatorum.

.....

.....

— (duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cord about neck

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Version & Extraction Date of 9-20-26

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) W.M. Wilm ..... M. D.

.19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Sept 21 1926

20 UNDERTAKER John Ellis

ADDRESS 200 Edmondson

Cor.—12-9-25—A Co.—200 Bks.

E 14276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7H-601

E 14276

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1716 N. Bond St St., 8-2 Ward)

2-FULL NAME John H. Plumbhoff

(a) RESIDENCE NO. 1716 N. Bond St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Plumbhoff

6 DATE OF BIRTH (month, day, and year) Feb 10/1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER Henry Plumbhoff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Emma Plumbhoff

(Address) 1716 N. Bond St

Dec 1926 C. HAMPSON JONES, M. D.

Per ACP Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) J. S. H. Patterson, M. D.

(Coroner)

9-19-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	Sept 21/ 1926
20 UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14277.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926

E 14277.

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) Hillen Road. St.) 9-2 (Ward) 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Ruth K. Rider

(a) Residence No..... Hillen Road St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 3 mos. 23 ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph W. Rider

7-DATE OF BIRTH (month, day and year) May 28 th 1885

8-AGE, 41 yrs. 3 mos. 28 12 ds. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, George J. Klingelhofer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Alice E. Sharp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), California

(Informant) Ralph W. Rider

(Address) Hillen Road

Dec. 1926 C. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 20/26

17- I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to Sept 20, 1926

that I last saw h[illegible] alive on Sept 16, 1926

and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast metastasis

secondary to Carcinoma

of Sigmoid & Rectum

Colostomy performed Oct 20/25

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. 5 mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Oct 20/25

Was there an autopsy? No.

What test confirmed diagnosis?.....

(Signed) Harry [illegible] M. D.

Sept 22 1926 (Address) 1606 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park DATE OF BURIAL, Sept 22 1926

20-UNDERTAKER, George Schilling & Sons ADDRESS 1126 E Monument St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14278

E 14278

CERTIFICATE OF DEATH.

7/4-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 S. Durham St St., 2K-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M. Albert

(a) RESIDENCE NO. 115 S. Durham St St. 2 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Albert.

6 DATE OF BIRTH (month, day, and year) Dec. 25-1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Australia.

10 NAME OF FATHER James H. Blair

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England.

12 MAIDEN NAME OF MOTHER Eliz. Ann Potter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England.

14 Informant Sylvester Albert.

(Address) 115 S. Durham St.

Filed G. HAMPSON JONES, M. D.

1926 Per ROH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1926 to Sept 18, 1926

that I last saw h___ alive on 9/18, 1926

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

4 days

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Daniel A. Strickler, M. D.

, 19 26 (Address) 3328 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Sept. 21 1926

20 UNDERTAKER Tilly and Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-12-23—M&T—500 Bks. Dr McSkeen 1609 Linden Ave

E 14279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14279

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2838 Riggs St. (Ward) 16-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Gruber

(a) RESIDENCE NO. 2838 Riggs St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ottilie Gruber

DATE OF BIRTH (month, day, and year) 12-22-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	10	21

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Chef. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Hopper McCraw

(c) Name of employer Company

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John M. Gruber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant Ottilie Gruber

(Address) 2838 Riggs Ave

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

D 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1922, to Sept 17, 1926

that I last saw him alive on Sept 17, 1926

and that death occurred, on the date stated above, at 10:05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthema

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No

Date of No

Was there an autopsy?

What test confirmed diagnosis? Usual Lab & Phys.

(Signed) Standish McAleer, M. D.

19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL Sept 21 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14280 E 14280

CERTIFICATE OF DEATH. 75-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

City of BALTIMORE: (No. [redacted] St., 4+1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Howard Green

(a) RESIDENCE NO. Fairmount Ave - Btw Balto & Fayette Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H D

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) West Virginia

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (city or town) Balto Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary B Worden

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Md

14 Informant City Hospital Records

(Address)

C. HAMPSON JONES, M. D.

Registrar

1926 Pat Act

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from October 20, 1925, to Sept 19, 1926, that I last saw h. on alive on Sept 19, 1926, and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Residual Rt Hemiplegia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general Laboratory

(Signed) W Hooper Truitt, M. D.

Sept 22 1926 (Address) MORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Acc'dental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Sept 22 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave

spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14281

E 14281

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Winchester St ST., 16-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Clifton Johnson

(a) RESIDENCE NO. 2913 Winchester St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of or) WIFE of Christine S. Johnson

DATE OF BIRTH (month, day, and year) Oct 7/1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman C & P Tel. Co.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer C & P Tel Co.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co Md.

12 MAIDEN NAME OF MOTHER Laura E Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Md.

Informant Nettie E Johnson

(Address) 222 N. Milton Ave.

Filed 1926 C. HAMPSON JONES, M. D.

Registrar

Par .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1926, to Sept 20, 1926, that I last saw h alive on Sept 19, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Mitral stenosis & regurgitation

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No. P.E.

What test confirmed diagnosis? .....

(Signed) Hiram C. Todd M. D.

Sept. 1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Sept 22 26

20 UNDERTAKER Harry H. Armacost 4704

ADDRESS Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14282 E 14282

CERTIFICATE OF DEATH.

11-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2516 Garrett Ave. ST., 9-13 WARD)

2-FULL NAME Marjorie Bortner

(a) RESIDENCE No. 2516 Garrett Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Archie C Bortner

6 DATE OF BIRTH (month, day, and year): June 8 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: George W Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Archie C Bortner 2516 Garrett Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per Reth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/18 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/17, 1926, to 9/18, 1926, that I last saw h[illegible] alive on 9/18, 1926, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry T. Covey, M. D.

, 19 (Address) 1 Hopkins Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampstead DATE OF BURIAL: Sept 21 1926

20 UNDERTAKER: Shenoweth & Son ADDRESS: 3607 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14283

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 N. Charles St. (St.) (12-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Porter

(a) RESIDENCE NO. 1818 N. Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE Late William W. Porter

6 DATE OF BIRTH (month, day, and year) October 9, 1878

7 AGE 47

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	II	IO	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Conrad Rase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Boettler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Idella Porter 1818 N. Charles St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Sept 19, 1926, that I last saw h[illegible] alive on Sept 9, 1926, and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Myocardial Degen. Oedema of Lungs. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 12 1926

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Dr. Michel, M. D.

Sept 20 1926 (Address) 2901 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Sept 21 26

20 UNDERTAKER Harry A. Witzke — ADDRESS 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14284

CERTIFICATE OF DEATH

E 14284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST. 16-7 WARD) 33

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Lottie Downas

(a) RESIDENCE No. 718 N. Fremont ave. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 0 37

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) .....
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Young

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lottie Culman

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar

T 1926 Pg ..... R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1926, to Sept. 19, 1926,
that I last saw her alive on Sept. 19, 1926,
and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) W. E. Lattenka M. D.

9-19-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Sept 21 26
20 UNDERTAKER	ADDRESS
Daniel Easton	Balto.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14285

CERTIFICATE OF DEATH.

10

E 14285

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1753 Clarkson St., 23-2 Ward)

2-FULL NAME Leonard C. De Bow.

(a) RESIDENCE NO. 1753 Clarkson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 24-1926

7 AGE — Years: — Months: 5 Days: 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Indnstry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: John. E. De Bow

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Fuller

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

Informant: Mr. De Bow

(Address): 1753 Clarkson

Filed 19 ____ _____ Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 9-26-26

17

I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Sept 20, 1926,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 10 H M

The CAUSE OF DEATH* was as follows:

Empyema Septicaemia

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY Cause

(Secondary)

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. Campbell, M. D.

Sept 21, 1926 (Address) 1609 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Belair Md. — Date of Burial: 9/21 1926

20 UNDERTAKER: J. H. McCauley — ADDRESS: 130 E Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14286 E 14286

CERTIFICATE OF DEATH. X 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Fulton Ave. ST., 15-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Frances Hull

(a) RESIDENCE NO. Hyndsboro Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of D. F. Hull

6 DATE OF BIRTH (month, day, and year) May 31-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland. (State or country)

PARENTS

10 NAME OF FATHER George P Burnett

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Darr

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant (Address) Blanche Drumbo Park & Potter Ave Balto

15 Filed ..... 19 ..... Registrar

1 1926 CHAPSON JONES, M. D. R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Sept. 20 1926.

That I last saw her alive on Sept 20 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Anemonia, (Pernicious)

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Louis Ebrunch, M. D.

Sept 21 1926 (Address) 700 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hyndsboro Md — DATE OF BURIAL Sept 22 1926

20 UNDERTAKER Powell & Albaugh — ADDRESS Hyndsboro

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14287.

CERTIFICATE OF DEATH.

185

E 14287.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Yard of 9 W. Barre St. St. 22-2 Ward)

2-FULL NAME Mary Johnson. (C)

(a) RESIDENCE NO. 1 W. Barre St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. ---mos.---ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	---		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Richard Murray (C)

(Address) 1 W. Barre St.

15 Filed _____ 19 C. THOMPSON JONES, M. D.

Registrar

Sept 21 1926 Per R.M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Fall from roof of 7 W. Barre St.
Accidental Death.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

9/20, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

Date of Burial 9-21-1926

UNDERTAKER John H. Trodden

ADDRESS 1027 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14288

CERTIFICATE OF DEATH.

E 14288

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 413 Grindall ST., 24-1 WARD)

2-FULL NAME Annie Kaunft

(a) RESIDENCE NO. 413 Grindall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: John. Kaunft

7 DATE OF BIRTH (month, day, and year): Jan 27 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	7	23 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Charles Grenzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs Rhoda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: John Kaunft

(Address) 413 Grindall St

Filed 9 T 1926, 19

THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-20 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Sept 20, 1926, that I last saw her alive on Sept 19, 1926, and that death occurred, on the date stated above, at 10 45 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Phthisis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Asthenia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. Hamm Lynch, M. D.

20. 1926 (Address) 1 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: 9-23 1926

20 UNDERTAKER: E. A. Hale ADDRESS: 112 E. West St

Cor.—12-9-25—A Co.—200 Bks.

E 14289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

171

E 14289

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1533 S. Charles St. St., 23 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Dorsch.

(a) RESIDENCE NO. 1533 S. Charles St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, WIFE or HUSBAND of Barbara Dorsch.

6 DATE OF BIRTH (month, day, and year) April 6, 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	59	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

10 NAME OF FATHER Henry Dorsch.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Barbara Dorsch. (wife)

(Address) 1533 S. Charles St.

Filed 9 21 1926. G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 19, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Throat cut with a razor.
Suicide while temporarily deranged.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Leinhardt M. D.
(Coroner)

9/20 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial 9-23 1926

20 UNDERTAKER E. H. B. Harle ADDRESS 115 E West St

Spec- 12-23-21-E.B.R.S.-400 Bks.

E 14290 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14290

CERTIFICATE OF DEATH.

129

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2905 Allendale Road St., 15 Ward)

2-FULL NAME Mrs Christiana Eierhart

(a) Residence No. 2905 Allendale Road St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. — mos. ✓ ds. How long in U. S., if of foreign birth? — yrs. — mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. M. Eierhart

6-DATE OF BIRTH (month, day and year) Oct 7- 1844

7-AGE. 81 yrs. 11 mos. 13 ds.

If LESS than 1 day ✓ hrs. or ✓ min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Elizabeth Burrier

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

(Informant) Geo. C. Shannon M D

(Address) 700 Fulton Ave

Filed ..... C. HAMPSON JONES, M. D. Registrar.

1926 ..... RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 20/26

17- I HEREBY CERTIFY, That I attended deceased from July 12 1926 to Sept 20 1926

that I last saw h[er] alive on Sept 20 1926

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 5 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) 1 yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of None

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods

(Signed) George C. Shannon M. D

9/20 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park

DATE OF BURIAL. Sept 23 1926

20-UNDERTAKER. Joseph Snyder

ADDRESS 1600 to North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14291 E 14291

CERTIFICATE OF DEATH.

170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3304 Hilton St., 15-6 Ward)

2-FULL NAME Charles A. Cover

(a) RESIDENCE NO. 3304 Hilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Cover

6 DATE OF BIRTH (month, day, and year): Nov. 11-1870

7 AGE: Years 55 Months 10 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Chas. A. Cover Jr

(Address) 3304 Hilton St.

15 Filed Sept 27 1926 C. THOMPSON JONES, M. D. Registrar

Per R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 20 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Caused by gun shot wound in head

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Kennedy, M. D. (Coroner)

9/27. 1926 (Address) 202 Equitable Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County Date of Burial: Sept 22 1926

20 UNDERTAKER: Chas. E. Tomich ADDRESS 802 Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14292

CERTIFICATE OF DEATH.

16-002 E 14292

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma W. Wickes

(a) RESIDENCE NO. S Kelly Avenue Balto St. Ind Mt Wash Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifer mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January-1876

7 AGE: Years 6 Months 8 Days If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto- Md

10 NAME OF FATHER Joe Wickes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed (19) Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from August 21, 19 26, to Sept 19, 19 26,

that I last saw her alive on Sept 19, 19 26,

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Hc. Bacillary Dysentery

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hc. Nasopharyngitis Hc. Otitis Media

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) B W Lee, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McCutcheon Cem Date of Burial 9/21 26

20 UNDERTAKER: Leonard Hawley ADDRESS 578 Middle

2 1926

Spec.—1-12-23—M&T—500 Bks.

E 14293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14293

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Brevard ST. 11-1 WARD)

2-FULL NAME Rebecca Ford

(a) RESIDENCE NO. 1217 Brevard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ford

DATE OF BIRTH (month, day and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Gloucester Va

10 NAME OF FATHER Richard Stubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gloucester

Informant Henry Ford

(Address) 1217 Brevard St

Filed ..., 19 C. HAMPSON JONES, M.D.

1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Sept 20, 1926, that I last saw her alive on Sept 19, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 8 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr Gill Kennard M. D.

9-21, 1926 (Address) 708 Cator St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Allwood Wld Va — DATE OF BURIAL 9/21 1926

20 UNDERTAKER Ernest D Smedley — ADDRESS 578 McElderry

Spec. 1-10-21 M&T 500 Blks.

E 14294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14294

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22 ST., WARD 2)

2-FULL NAME James Blaymond

(a) RESIDENCE NO. 122 Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Blaymond

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer) O+C

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER James Blaymond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant City Hospital Records (Address)

Filed ....., 19 .... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18 1926

17

I HEREBY CERTIFY, That I attended deceased from September 10, 1926, to September 15, 1926, that I last saw h[illegible]alive on September 17, 1926, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Subacute Nephritis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & laboratory

(Signed) R Hoopes Smith, M. D.

Sept 19 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	Sept 22 '1926
20 UNDERTAKER	ADDRESS
A L Brown & Son	108 W Monty

C. HARRISON JONES, M. D.

1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14295 — **CERTIFICATE OF DEATH.** — 197 **E 14295**

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Colvin Way 15-13 St., _____ Ward)

2-FULL NAME Lee Smith

(a) RESIDENCE NO. 1122 Laurens St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 5- 1901

7 AGE — Years: 25 — Months: 7 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Labor

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): MD

10 NAME OF FATHER: Jesse Smith

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): MD

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): _____

14 Informant: Mrs. Thomas

(Address): 1122 Laurens

Filed: 12-1 1925 — STATISTICIAN JONES, M.D. — Registrar

Morgue.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 11 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of heart and lung, homicide

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) _____, M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — Date of Burial: Sept 12 1925

20 UNDERTAKER: Chas. H. Elmer Son — ADDRESS: 1100 Madison

Spec.—12-9-25—A Co.—200 Bks.

E 14296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14296

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Homewood Apts. 12-3 REGISTERED NO.

City of BALTIMORE: (No.) Charles & 33d St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Margaret McFarland

(a) RESIDENCE NO. Homewood Apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race Female White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm A McFarland

6 DATE OF BIRTH (month, day, and year) Nov 28 1859

7 AGE 66 Years 67 Months 9 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

10 NAME OF FATHER Geo. H. Lowrie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Martha A. Norton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Wm A McFarland

(Address) Homewood Apts

15 Filed 19 C. HARPSON JONES, M.D. COMMISSIONER OF HEALTH Registrar

at

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 26, 19.., to Sept 20 26, 19.., that I last saw h.. alive on Sept 20 26, 19.., and that death occurred, on the date stated above, at 4:21 m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) .. yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 3 yrs. .. mos. .. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter Lowrie, M. D.

9/20, 1926 (Address) 240 E Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Sept 22 19 26

20 UNDERTAKER H. Greenstone & Son ADDRESS Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14297 E 14297

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Madison Ave ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidney A. Snow

(a) RESIDENCE No. 1218 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863 July 12

7 AGE Years 63 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED Manufacturer

(a) Trade, profession or particular kind of work Window Shades

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hurlburt Charles Sr

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Wm J Snow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elyna Conradt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

Informant Ann R. Snow Bisht

(Address) 1218 Madison Ave

Filed 1926 . 19 C. HAMPSON JONES, M.D. COMMISSIONER OF HEALTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 . 1926. to Sept 19th 1926

that I last saw him alive on , Sept 18th 1926

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bright

(duration) yrs. 8 mos 21 ds.

CONTRIBUTORY (Secondary) Cystitis & Enlarged Prostate

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Samuel A Bani, M. D.

. 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Sept 22nd 1926

UNDERTAKER J. J. Tickner & Sons — ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 14298

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14298

CERTIFICATE OF DEATH.

X 124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes. Hosp (St.) 25-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. J Lourie Esso

(a) RESIDENCE NO. 129 N. King St. (St.) Martinsburg (Ward) W. Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/10/1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: W. Va

9 BIRTHPLACE (city or town) (State or country): W. Va

10 NAME OF FATHER: Wm. B. Esso

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Florence Buhrer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Dr. Florence Esso.

(Address): 129 N. King St. Martinsburg W. Va

Filed ....., 19 .....

C. EARLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21 1926

17 I HEREBY CERTIFY, That I attended deceased from 5-22, 1926, to 9-21, 1926, that I last saw her alive on 9-21, 1926, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? W. Va.

Did an operation precede death? Yes Date of 5-31-26

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam.

(Signed) J. Theron Hunter, M. D.

(Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Hill Cem. Martinsburg W. Va

DATE OF BURIAL: Sept. 23 1926

20 UNDERTAKER: George L. Smith

ADDRESS: 1532 Collins St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14299 E 14299

CERTIFICATE OF DEATH.

129

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N. Fulton Ave St. 20 Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josiah Dickens

(a) Residence No. Home for the Aged of the M.E. Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bachelor

6-DATE OF BIRTH (month, day and year) July 29-1854

7-AGE, 72 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired barber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

10-NAME OF FATHER, Henry Dickens

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary Tucker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14-(Informant) Mrs. E. I. Russell

(Address) 400 N. Fulton Ave.

Filed ..... 1926 C. HAMPSON JONES, M.D. Registrar

Per E.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 20/26.

17- I HEREBY CERTIFY, That I attended deceased from July 4 1926, to Sept 20 1926.

that I last saw him alive on Sept 19 1926.

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia et senenna

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual Methods

(Signed) Geo. C. Shannon M. D

1/20, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Olivet Cem. DATE OF BURIAL. Sept 21 1926

20-UNDERTAKER, George J. Smith ADDRESS 1532 Hollins St

ec.—1-12-23—M&T—500 Blks.

Mc Downing

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14300

CERTIFICATE OF DEATH.

31

E 14300

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 E. Lumbard ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah Mc Downey

(a) RESIDENCE No. 1604 E. Lumbard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) July 4-1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	2	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Jeremiah Mc Downey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Armstrong

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

Informant John Mc Downey

(Address) 1604 E. Lumbard St.

Filed SEP 22 1926 C. HAMPSON JONES, M. D. Registrar

T 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18- 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-10- , 1926 , to 9-18- , 1926 ,

that I last saw him alive on 9-17- , 1926 ,

and that death occurred, on the date stated above, at 5,30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) — yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

9-21-1926 (Address) 611- N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gahny Cemtry	Sept 24th 26
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Eastland Av.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14301

1-PLACE OF DEATH

CERTIFICATE OF DEATH. 159-003

E 14301

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1820 Aiken ST., 9 WARD) 6

2-FULL NAME Gilbert Henry Stroebel

(a) RESIDENCE No. 1820 Aiken St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 24 26

7 AGE — Years | 6 5 Months | 24 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country)

10 NAME OF FATHER William Stroebel,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Julia Bensel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant William Stroebel jr.

(Address) 1820 aiken st.

Filed 9 21 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Sept 18, 1926,

that I last saw him alive on Sept 18, 1926,

and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Malformation of the bile duct (Congenital)

(duration) life time yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Those of the above condition

(Signed) Walter C Bacon, M. D.

9/19, 1926 (Address) 100 E 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery. DATE OF BURIAL 9 21 1926

20 UNDERTAKER George H. Ruth. ADDRESS 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14302

CERTIFICATE OF DEATH.

REGISTERED NO. E 14302

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3410 Gwyn Fall Parkway. Ward 15-90-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Benjamin

(a) RESIDENCE NO. 3410 Gwyn Fall Parkway. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary C. Benjamin

6 DATE OF BIRTH (month, day, and year): July 25th 1858

7 AGE: Years 68 | Months 1 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Samuel Benjamin

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Benjamin

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Mary C. Benjamin

(Address): 3410 Gwyn Fall Parkway.

Filed SEP 21 1926

CLAYTON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 18- 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18- 1926 to ....., 19....., that I last saw him alive on Sept. 18- 1926, and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows: Myocarditis - Arteriosclerosis

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of?

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. Hazlett Cole, M. D.

Sept. 22, 1926 (Address) 22 E. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn County Date of Burial: Sept. 22 1926

20 UNDERTAKER: Geo. J. Ruth ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14303

CERTIFICATE OF DEATH.

100-001 E 14303

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Carlene ST., 8 2 WARD)

2-FULL NAME Clarence Jackson Meushaw

(a) RESIDENCE NO. 1713 N. Carlene ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? 72 yrs. 9 mos. 22 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Hill Meushaw

6 DATE OF BIRTH (month, day, and year): Nov. 27, 1853

7 AGE: Years 72 Months 9 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Buyer

(b) General nature of industry, business, or establishment in which employed (or employer): Produce

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Thomas Z. Meushaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. City.

12 MAIDEN NAME OF MOTHER: Catherine Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

PARENTS

14 Informant: Sarah L. Meushaw

(Address) 1713 N. Carlene St

15 Filed ....., 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1926, to Sept 18, 1926.

that I last saw him alive on Sept. 18, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ? ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Lyman S. Abbott, M. D.

19 (Address) 1832 N. Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 9/22 1926

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14304

CERTIFICATE OF DEATH.

E 14304

REGISTERED NO. 44

1-PLACE OF DEATH

City of BALTIMORE: (No. 1627 Norwood Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Briscoe

(a) RESIDENCE NO. 1627 Norwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Briscoe

6 DATE OF BIRTH (month, day, and year): Aug 15 1863

7 AGE: Years 63. Months 1 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ticket Seller

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Co

(c) Name of employer: Office

9 BIRTHPLACE (city or town)

(State or country) Balt.

10 NAME OF FATHER William Briscoe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt.

12 MAIDEN NAME OF MOTHER S. Jane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

PARENTS

14 Informant Josephine Briscoe

(Address) 1627 Norwood Ave

15 Filed SEP 21 1926 T. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19th 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept 19 26, to Sept 19 26, that I last saw h... alive on Sept 19 26, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Liver

(duration) 6 mos. ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Brown, M. D.

, 19 (Address) 1203 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — Date of Burial 9/23 1926

20 UNDERTAKER: George J Ruth — ADDRESS 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

E 14305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 **E 14305**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2852 Mayfield Ave St., 8 Ward)

2-FULL NAME Campsedell Hamilton

(a) RESIDENCE NO. 2852 Mayfield Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Hamilton

6 DATE OF BIRTH (month, day, and year): Nov. 2. 1845

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	80	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond Va.

(State or country)

PARENTS

10 NAME OF FATHER: Thomas Wyatt

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town): Unknown.

(State or country)

14 Informant: Mary Simmons.

(Address) 2852 Mayfield Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M.D. Registrar

P 21 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Sept. 20.

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1925 to Sept 20, 1926, that I last saw h.. alive on Aug 20, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Gen. Arterio Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? none

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John G. Schwemburg M.D.

, 19 (Address) 11 Newlevon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: Sept 22 1926

20 UNDERTAKER: Mrs. Mrs. Thos. H. Canfield & Son ADDRESS: 801 W. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

Sarah White

E 14306

HEALTH DEPARTMENT—CITY OF BALTIMORE

Roland Park

E 14306

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 539 W. Roland Road St., 27 Ward)

REGISTERED NO. 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah White

(a) RESIDENCE NO. 539 W. Lafayette Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
~~Female~~ Female ~~Colored~~	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbert White

6 DATE OF BIRTH (month, day, and year) May 25 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
~~Four~~	45	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Abraham White

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Rosa

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Wilbert White

(Address) 539 W. Lafayette Ave

Filed SEP 21 1926 19 THOMPSON JONES M. D. Registrar

Per RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Morrissey D. (Coroner)

9/20, 19 26 (Address) 3 E. Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville, Virginia Date of Burial Sept 22, 1926

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14307 E 14307

CERTIFICATE OF DEATH.

89

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5701 Glen Oak ave ST., Hamilton 27 WARD) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jacobs

(a) RESIDENCE (Usual place of abode) No. 5701 Glen Oak ave ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Anna Hammen Jacobs

DATE OF BIRTH (month, day, and year) Oct 11 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Stork

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Anna Hammen Jacobs

(Address) 5701 Glen Oak ave

Filed 2-1 1926 C. THOMPSON JONES, M. D. Registrar

Per R. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1926, to Sept 20, 1926, that I last saw him alive on Sept 20, 1926, and that death occurred, on the date stated above, at 7-20 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 2 yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E. Thomas, M. D.

Sept 21, 1926 (Address) 718 W. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Sept 22 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. Fourth ave

Spec.—1-10-21—M&T—1500 Bks.

E 14308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14308

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Sterling Home of Notre Dame ST., 10-2 WARD)

2-FULL NAME Mary Barbarina Volk

(a) RESIDENCE No. Visquitter St (Mt Sterling) Cathedral (or) ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1st 1874

7 AGE: Years 51 | Months 11 | Days 19 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Elkton Md.

10 NAME OF FATHER: Joseph Volk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bavaria

12 MAIDEN NAME OF MOTHER: Barbara Dehm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baden

Informant: Sister Mary Dismas
(Address): Notre Dame Visquitt St

Filed 9/20, 1926

C. THOMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept - 20 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept - 28, 1925, to Sept 20, 1926,

that I last saw her alive on Sept 19, 1926,

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Cerebral

Uraemia -

Terminal pneumonia

(duration) 1 yrs. mos. days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Philadelphia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual ones

(Signed) F J Finley, M. D.

9/20, 1926 (Address) 1106 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Notch Cliff Md.

DATE OF BURIAL: Sept 21 1926

20 UNDERTAKER: Frank A. Fink

ADDRESS: 915 N. Gay St

Cor.—12-9-25—A Co.—200 Bks.

E 14309

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14309

CERTIFICATE OF DEATH.

X 91-002

REGISTERED NO._____

1-PLACE OF DEATH Pronounced dead at the

City of BALTIMORE: (No. Mercy Hospital. St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blake E. Irvin.

(a) RESIDENCE NO. Brookville, Pa. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 26, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	11	24 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prothonotary. 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Brookville Pa.

10 NAME OF FATHER Charles S. Irvin.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Brookville, Pa.

12 MAIDEN NAME OF MOTHER Mary Arthurs.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Brookville, Pa.

PARENTS

14 Informant Arthur B. Stewart. (cousin)

(Address) 416 Woodlawn Ave.

15 Filed C. THAMPSON JONES, M. D.

1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 20, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sclerosis of the Coronary Arteries with Thrombosis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

9/21 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? 2938 St. Paul St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brookville Pa. Date of Burial Sept 21 1926

20 UNDERTAKER Henry H. Erskine Son Co ADDRESS McCulloh & Eutaw Sts

Spec.—12-9-25—A Co.—200 Bks.

E 14310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14310

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 26-6 Ward)

REGISTERED NO. 1H-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecila Napoli (Cecelia Napolilio)

(a) RESIDENCE NO. 3522 Claremont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

10 NAME OF FATHER Ruben Cimini

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Delisse

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant City Hospital Records

(Address)

15 Filed [illegible] 19 1926 C. THOMPSON JONES, M. D. Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 19 1926

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to September 19, 1926, that I last saw h.. alive on September 19, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

Residual Right Hemiplegia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Central haemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Tobpe Smith, M. D.

Sept 20 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Sept 23 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1431P

E 1431P

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St., 26 Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jones

(a) RESIDENCE NO._____ St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

BALTIMORE CITY HOSPITALS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Dorchester Co. Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Date, 1926 C. THOMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 18, 1926, that I last saw him alive on September 17, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis. Senility

Arterial sclerosis.

Chronic Myocarditis,

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 19 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14312

E 14312

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

City of BALTIMORE: (No. St., Ward) 26-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Smith

(a) RESIDENCE NO. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'H O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 15, 1926, that I last saw h.im. alive on September 17, 1926, and that death occurred, on the date stated above, at 8-30 a.m.

The CAUSE OF DEATH* was as follows:

Senility

Cerebral Sclerosis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY Bronchopneumonia

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) Adolphe Smith, M. D.

Sept 17, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 14313 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14313

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Agnes Hosp. St. D-2 Ward)

2-FULL NAME Cath Doyle

(a) RESIDENCE NO. St. Raphaels Institute City. Ward

(Usual place of abode) Hanover & Barre St.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) Do not know

(State or country)

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) Do not know

(State or country)

14 Informant Miss Cath Doyle

(Address) St. Raphaels Institute

15 Filed 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-5, 1926, to 9-20, 1926

that I last saw her alive on 9-20, 1926

and that death occurred, on the date stated above, at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia and senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis primary in uterus

(duration) yrs. 6 mos. (?) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

9/20, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Sept 22 1926

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1400 Eutaw St

Cor.—1-12-23—M&T—100 Bks.

14314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14314

CERTIFICATE OF DEATH.

X 74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 846 W. Fayette ST., 18-3 WARD)

2-FULL NAME Matilda A. Wissell

(a) RESIDENCE NO 846 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Wissell

DATE OF BIRTH (month, day, and year) Mar. 26 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	23 24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer Own Farm

BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER Thomas B. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Lucinda Burnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Margaret Smith
(Address) 846 W. Fayette St.

Filed SEP 26 1926, 192 C. EMERSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 19-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hem
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) Clarence Fisher, M. D.
(Coroner.)
, 192 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence From Gettysburg, Pa.

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmittsburg Md via W.M. RR	Sept 22 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-47-25—A Co.—200 Bks.

1947 E 14315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 16-002

E 14315

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Vada Mc Quillen

(a) RESIDENCE NO. North Pt. Rd. St. Balto Co. Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 23/1925

7 AGE: Years | 9 Months 8 | 27 Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co.

10 NAME OF FATHER Percy McQuillen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Dora Mc Gowan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926, to Sept. 20, 1926, that I last saw h.er alive on Sept 20, 1926, and that death occurred, on the date stated above, at 11 35 a.m.

The CAUSE OF DEATH* was as follows:

acute diarrhoea, dysentery

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ND Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Thomas W. Cornwell M. D.

9/21 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — Date of Burial: 9/23. 1926

20 UNDERTAKER: J. Miller Davis — ADDRESS: 3307 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 14316

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Gorsuch ave ST., 9 WARD) 3

2-FULL NAME Alexander Watson Byrd

(a) RESIDENCE NO. 929 Gorsuch Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Byrd

6 DATE OF BIRTH (month, day, and year) Apr. 17-1851

7 AGE: Years 75 | Months 5 | Days 3 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED (Retired)

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer): Candy

(c) Name of employer: —

166

BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

10 NAME OF FATHER Parker Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co. Va.

12 MAIDEN NAME OF MOTHER Mary Anne Trader 9/20. 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co. Va.

Informant Mrs. John Jones (niece)

(Address) 929 Gorsuch ave

Filed 1926

C. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 6th, 1926, to Sept. 20th, 1926.

that I last saw h alive on Sept. 20th, 1926,

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Anaemia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) C. Thompson Jones, M. D.

(Address) 1837 Penna. ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Sept 22 1926

20 UNDERTAKER: A. Howard Evans

ADDRESS: 38 E. Fort Ave.

Spec.—12-9-25—A Co.—200 Bks.

E 14317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 14317

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 Birkhead St. 24—1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon L. Perrone.

(a) RESIDENCE NO. 116 Birkhead St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 27 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male,

4 Color or Race: White,

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May, 24, 1926,

7 AGE — Years: — Months: 3, Days: 27. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Md.

10 NAME OF FATHER Frank Perrone.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington, D. C.

12 MAIDEN NAME OF MOTHER Bertha Ward.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

PARENTS

14 Informant: Frank Perrone.

(Address) 116 E. Birkhead St.

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per CCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 20 - 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926, to Sept 20, 1926,

that I last saw h[illegible] alive on Sept 20, 1926,

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY Toxaemia

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Hamilton, M. D.

9/21, 1926 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Sept 22 1926

20 UNDERTAKER: A. Leland Evans ADDRESS: 38 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

E 14318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14318

CERTIFICATE OF DEATH

10-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. I.T.B. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Croghan

(a) RESIDENCE NO. 1021 Warden st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1872 ?

7 AGE: Years: 54? Months: Days: If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Patrick Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Canfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Hospital Records (Address)

Filed 9-21, 1926 C. THOMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1923, to Sept. 20, 1926, that I last saw her alive on Sept. 20, 1926, and that death occurred, on the date stated above, at 6.25 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Hatten, M. D.

9-21-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Sept 23 1926

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 14319 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14319

Vernon 1152

CERTIFICATE OF DEATH. 20-6 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419½ S. Pulaski St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Johnson

(a) RESIDENCE NO. 419½ S. Pulaski St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Johnson

6 DATE OF BIRTH (month, day, and year) March 30. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	19	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 046 Peddler

(c) Name of employer self.

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Caroline Umbridge

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

Informant Pauline Johnson

(Address) 419½ S. Pulaski

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19. 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 8. 1926 to Sept 19 1926.

that I last saw him alive on Sept 18 1926,

and that death occurred, on the date stated above, at 2 45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy + dilatation — mytral + aortic insufficiency (Rheumatic) Pulmonary infarction, Rt lung.

(duration) ? yrs. mos

CONTRIBUTORY (Secondary) Senile decrepitude (duration) 10 yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination.

(Signed) Harry L. McCarty. M. D.

9-21. 1926 (Address) 37 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery — DATE OF BURIAL Sept 22 1926

20 UNDERTAKER George L. Schmidt — ADDRESS 401 Fred. Ave

Spec.—1-12-23—M&T—500 Bks.

E 14320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14320

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 749 E. Preston ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Haha (Haha)

(a) RESIDENCE NO. 749 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

6 If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Jas. A. Haha

DATE OF BIRTH (month, day, and year) June — 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) md

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Don't Know.

Informant Edw. Hanna

(Address) 1127 Harford Ave

Filed Sept 23 1926 C. HAMPSON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21 1926

17 I HEREBY CERTIFY, That I attended deceased from September 11, 1926, to September 21 1926.

that I last saw her alive on September 20 1926.

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Heart disease

not known (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart disease

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Bed ridden attended

(Signed) H. Spencer Wellbrook, M. D.

Sept 23 1926 (Address) 16 Fayerweather ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Sept 23 1926

20 UNDERTAKER Wm Cook Sons

ADDRESS E Mont Ave

Spec.—12-9-25—A Co.—200 Bks. (Lives up over Old Town Road)

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

14321

CERTIFICATE OF DEATH

E 14321

1-PLACE OF DEATH South Balto Gen Hospital

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1211-17 Light St., 5 Ward) 90

2-FULL NAME Mr. George Humphreys

(a) RESIDENCE NO. S.W. Cor Bayt Exeter sts. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 24, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 1602

(c) Name of employer Hygeia Enamel

9 BIRTHPLACE (city or town)_____

(State or country) Alabama

PARENTS

10 NAME OF FATHER David C Humphreys

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ala

12 MAIDEN NAME OF MOTHER Margaret McLeod

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) N C

14 Informant Rev David Hoy

(Address) 923 N Fulton Ave

Filed 1926 C. THOMPSON JONES, M. D.

Per_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-18, 1926, to 9-20, 1926, that I last saw h.. alive on 9-20, 1926, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvular Disease

Hemiplegia

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H G. Miller, M. D.

. 19 (Address) 1211-17 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Alexander Date of Burial Sept 22 1926

20 UNDERTAKER William Cook Sons Funeral Home ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 14322

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14322

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp ST. | 3 4 WARD)

2—FULL NAME Charles Taylor

(a) RESIDENCE NO. 1548 Carrollbell ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Charles Taylor

6 DATE OF BIRTH (month, day, and year) March 5—1859

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night watchman 62

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Edw Schafer Co

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER D. T. Taylor

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Katherine Reed

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

Informant Laura E Taylor

(Address) 1548 Carrollbell St

Filed 1926 Per RRH C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1926 to Sept 21 1926

that I last saw him alive on Sept 21 1926

and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) Several yrs. mos ds.

Carbuncle

CONTRIBUTORY (Secondary) (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? yes Date of 9/11/26 9/20/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Sparks M. D.

(Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem | DATE OF BURIAL Sept 23 1926

20 UNDERTAKER Wilhelm Cochran & Nathan Co | ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14323

CERTIFICATE OF DEATH.

129

E 14323

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3501 Barclay St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett Harris

(a) RESIDENCE NO. 3501 Barclay St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1 1861

7 AGE — Years: 65 — Months: 8 — Days: 18 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Long Green Balto Co Md.

(State or country)

10 NAME OF FATHER Henry Wenden

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) Unknown

(State or country)

14 Informant Eliza Davis

(Address) 3501 Barclay St

Filed SEP 22 1926, 19

Per

Registrar

THOMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept 19 1926

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1926, to Sept 19, 1926, that I last saw h.. alive on Sept 19, 1926, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Nephritis and old age complicated with heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis & old age complicated with heart

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G F Ball, M. D.

, 19 (Address) 426 E 34 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Can Date of Burial Sept 22 19 26

20 UNDERTAKER: Samuel H Hemsley ADDRESS 578 N Bell Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14324 E 14324

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 N. Milton ST., 8-2 WARD)

2-FULL NAME Mary A. Chesterfeld

(a) RESIDENCE NO. 1731 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed or divorced (or) WIFE of late Frederick J. Chesterfeld

6 DATE OF BIRTH (month, day, and year) March 23 1857

7 AGE	Years	Months	Days 27	If LESS than 1 day, hrs. or min.
	69	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md.

10 NAME OF FATHER Conrad Krieder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mrs. Mamie A. Maher

(Address) 1731 N. Milton ave

Filed 2 1926 19 THOMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1926 to Sept 20 1926 that I last saw her alive on 9-20 1926 and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cerebral - arterio sclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Miller, M. D.

, 19 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 23 19 26
20 UNDERTAKER	ADDRESS
Henry Hoech Son	1301 E Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14325

CERTIFICATE OF DEATH.

1806-005

E 14325

1-PLACE OF DEATH Monroe & Lombard Sts

City of BALTIMORE: (No. ..... St., ... Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Draper

(Residence in Baltimore: No. 1605 McHenry St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Jan 15 1901
(Month) (Day) (Year)

7-AGE. 25 yrs. 8 mos. 4 ds.

If LESS than 1 day, ... hrs. ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pipe Fitter
(b) General nature of Industry, business, or establishment in which employed (or employer). WORK

9-BIRTHPLACE, (State or Country). Washington DC.

PARENTS.

10-NAME OF FATHER. John M. Draper

11-BIRTHPLACE OF FATHER. (State or Country). Baexo

12-MAIDEN NAME OF MOTHER. Mary E. Knight

13-BIRTHPLACE OF MOTHER. (State or Country). Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Draper

(Address) 2201 Penrose Ave

S. THOMPSON JONES, M. D.

Filed ..... 192..... Registrar.

2 1926 per .....

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. Sept 19 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, autopsy or Inquiry.)

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) 4 hrs. ..... mos. .....

CONTRIBUTORY (Secondary) Auto Accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. D. Thomas M. D.
(Coroner)

Sept 21st 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals. Institutions. Transients, or Recent Residents).
In place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Sept 24th 1926

20-UNDERTAKER. Myer Hammerslough ADDRESS 1 E. Fayette St.

Per J. J. Lowe 901 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

195-642

E 14326

1-PLACE OF DEATH

113 E 14326

REGISTERED NO.

City of BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-1 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Golightly

(a) RESIDENCE NO. 568 Baker St St. Balt - Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
5 Weeks			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto -

(State or country) Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary Golightly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wash - D. C

14 Informant Records

(Address) JOHNS HOPKINS HOSP.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Sept 20, 1926

that I last saw h.im alive on Sept 20, 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia, bronchial

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? 568 Baker St.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Thomas W. Cromwell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

JOHNS HOPKINS HOSPITAL

UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14327 — CERTIFICATE OF DEATH. — 44 — E 14327

REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1121 Hollins (St.) (Ward)

2-FULL NAME John Wesley Bennett

(a) RESIDENCE. No. 1121 Hollins St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Bennett

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

057

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER John Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Mary Sherwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East Ind

14 Informant Mary Bennett
(Address) 1121 Hollins St

Filed SEP 22 1926 H. HAMPSON JONES, M. D. Registrar
Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1926, to Sept. 21, 1926, that I last saw him alive on Sept. 18, 1926, and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray and physical signs

(Signed) W. H. Triplett, M. D.

19 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Sept 24 1926

20 UNDERTAKER Johnston Bros ADDRESS 1200 W Lombard

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓614328

E 14328

CERTIFICATE OF DEATH.

90 E 14328

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Bruce St.; 15-13 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lee

(Residence in Baltimore: No. 1310 Bruce St.; 24 hrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH July 4th (Month) (Day) 1883 (Year)

7-AGE. 44 yrs. 2 mos. 15 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). 041

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Clarence Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Barnett

(Address) 1310 N. Bruce st

9 22 1926 WILSON J. JONES, M. D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 19 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-17 1926, to 9-19 1926, that I saw h[illegible] alive on 9-19 1926, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 4 mos. ds.

(Signed) J. R. Boyle M. D.

9-21 1926 (Address) 1615 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem DATE OF BURIAL Sept 22. 1926

20-UNDERTAKER A Jones ADDRESS 1115 Gilmor

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14329

CERTIFICATE OF DEATH.

185 E 14329

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St Joseph Hospital St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Bogdanski

(a) RESIDENCE NO. 117 S. Ann St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 10-1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer) Stevedore

(c) Name of employer F. Karka Co Inc

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Konstanty Bogdanski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Telmanoski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant John M. Weber

(Address) 1803 Bank St

Filed SEP 22 1926 C. HAMPSON JONES, M. D. Registrar

By RR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 20-192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage& Frac Skull
Fell down hatchwayof lumber ship
Pier 5-Locust Pt. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Bacon, M. D. (Coroner)

9-22-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary Cem Sept 23'26

20 UNDERTAKER — ADDRESS

John M Weber 1803 Bank St

Spec.—12-9-25—A Co.—200 Bks.

E 14330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160

E 14330

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 714 N West St. 21-3 Ward)

2-FULL NAME Wilbert Hafele.

(a) RESIDENCE NO. 714 N. West St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 2-13-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: John. Hafele.

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Nora Malkus

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

14 Informant: Mrs. Hafele

(Address): 714 N. West

15 Filed ..... 19 ..... C. PHILIP JONES, M. D. Registrar

SEP 24 1926 Pct.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 9-20-1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1926, to Sept 20, 1926, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Intestinal

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? R. H. Blackwell M.D.

Sept 24, 1926 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. Date of Burial: Sept 23 1926.

20 UNDERTAKER: J. Few McCully

ADDRESS: 1308 Fort

Spec.—1-10-21—M&T—1500 Bks.

E 14331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 90 E 14331

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 William ST. 24-2 WARD)

2-FULL NAME Mrs Elvira Boss

(a) RESIDENCE NO. 1706 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Henry Boss

6 DATE OF BIRTH (month, day, and year): Mar 11. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Housework~~

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): John Boss 2705 Charles St

Filed SEP 21 1926, 19 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926 to Sept 19, 1926, that I last saw her alive on Sept 19, 1926, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from Cardiac (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cruchang, M. D.

Sept 20 1926 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cem — DATE OF BURIAL: 9/22 1926

20 UNDERTAKER: I. Few McCully — ADDRESS: 130 E. Fort

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14332 — CERTIFICATE OF DEATH. — 113 — E 14332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 S. East ave ST.) 26-E (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma M. Stokes

(a) RESIDENCE NO. 1109 S. East ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan. 3-1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	-	8	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph L. Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine L. Bement

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Catherine L Stokes

(Address) 1109 S. East ave

Filed SEP 22 1926 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1926, to Sept. 20, 1926, that I last saw her alive on Sept 21, 1926, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhea

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Improper Feeding

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Lott, M. D.

9-22-1926 (Address) 2201 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Sept 23 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14333

CERTIFICATE OF DEATH.

E 14333

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: On Stmr. Ericsson

City of BALTIMORE: (No. Pier 1 Pratt St. St., 4-3 Ward)

2-FULL NAME: William P. Roche. or Randall.

(a) RESIDENCE NO. Utica, N.Y. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred: En route yrs. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Traveling salesman.

(b) General nature of industry, business, or establishment in which employed (or employer): Bono, Inc. New York.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Utica N.Y.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Police Report. C.D.

(Address)

15 Filed 9 22 1926 C. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 19, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Otto M. Reinhardt, M. D. (Coroner)

9/22 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? On Stmr. Ericsson en route from Philadelphi

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Utica N. Y. via Amer. Ry. Express Co. Date of Burial: Sept 22 1926

20 UNDERTAKER: John P. Denny ADDRESS: 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14334 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14334

CERTIFICATE OF DEATH. X 101-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 W. Mulberry St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.. Francis Modestine Coble

(a) Residence No.... 1107 W. Mulberry St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6m 2 mos. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 20, 1925

7-AGE, 0 yrs. 10 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..High Point N.C.
(State or Country),

10-NAME OF FATHER, Lacy Coble

11-BIRTHPLACE OF FATHER (city or town) Graham N.C.
(State or Country),

12-MAIDEN NAME OF MOTHER, Lillian Mcrae

13-BIRTHPLACE OF MOTHER (city or town) Alabama
(State or Country),

(Informant)... Lillian Coble

(Address).... 1107 W. Mulberry St

Filed 9 22 1926 C. HAMPSON JONES, M. D. Registrar.

Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-21-26

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1926, to Sept. 20, 1926, that I last saw h.. alive on Sept. 20, 1926, and that death occurred, on the date stated above, at 6.35 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) /

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Marco Williams M. D.

9-21-1926 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, Sept 22, 1926

20-UNDERTAKER, Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14335

CERTIFICATE OF DEATH.

129

REGISTERED No. E 14335

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 S. Luzerne St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Malone

(a) RESIDENCE NO. 502 S. Luzerne Ave 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Harry Malone.

6 DATE OF BIRTH (month, day, and year) Jan 28th 1858

7 AGE — Years: 68 | Months: 2 | Days: 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER James Glasby.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Mary E. Eornell (Daughter)

(Address) 502 S Luzerne Ave

Date Filed SEP 22 1926, 19 PARKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 1926, to Sept. 20 1926, that I last saw her alive on Sept 20 1926, and that death occurred, on the date stated above, at 4 25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Diabetic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. 1 mos. ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. L. Long, M. D.

9/24 1926 (Address) 2701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Sept. 23 1926

20 UNDERTAKER: Lilly + Zeiler — ADDRESS: 403 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14336

CERTIFICATE OF DEATH.

49

E 14336 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 724 E 41 St St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl O Clark

(a) Residence No. 724 E 41 St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edwin B Clark

6-DATE OF BIRTH (month, day and year) 12/12/1885

7-AGE, 40 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Andrew Blessing

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mr E. B. Clark

(Address) 724 E 41 st

15-

Filed 9-2 1926 19 C. EMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept-21-1926

17- I HEREBY CERTIFY, That I attended deceased from June 7th 1924 to Sept 21 1926

that I last saw h.er alive on Sept 20 1926

and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic Exam

(Signed) Robert L. Kretschmer, M. D.

Sept 24, 1926 (Address) 2112 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Clark Loudon Cemetery

DATE OF BURIAL. 9-28-1926

20-UNDERTAKER. Albert L Hilty Jr

ADDRESS 1606 N Chester St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14337. HEALTH DEPARTMENT—CITY OF BALTIMORE E 14337

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. State Penitentiary Hosp. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... William Jones

(a) Residence No. Washington D. C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 8, 1887

7-AGE. 39 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Doorman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Washington, D. C. (State or Country),

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (city or town) Washington D. C. (State or Country),

12-MAIDEN NAME OF MOTHER, Georgia Johnson

13-BIRTHPLACE OF MOTHER (city or town) Washington D. C. (State or Country),

14-

(Informant) Md. Penitentiary Hospital

(Address) 754 Forest St.

15-

Filed 10[illegible] C. HARRISON JONES, M. D. Registrar.

22 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 21, 1926

17- I HEREBY CERTIFY, That I attended deceased from June 29, 1926 to Sept. 21 1926

that I last saw h[illegible] alive on Sept. 21 1926

and that death occurred, on the date stated above, at 8.05 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. 9 mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.

Sept 21, 1926 (Address) Md. State Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Washington D.C. DATE OF BURIAL, 9-22-, 1926

20-UNDERTAKER. S. W. Chase & Son ADDRESS 1400 Monument St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14338

CERTIFICATE OF DEATH.

7/4-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Fulton a ST.: 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Xavier Schilling

(a) RESIDENCE. No. 110 S. Fulton a ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Schilling

7 DATE OF BIRTH (month, day, and year) Nov. 4-1849

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	17/16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Charles Schilling

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Anna Johman

13 BIRTHPLACE OF MOTHER (city or town) Germany.
(State or country)

Informant Russell Layman
(Address) 123 S. Fulton a.

Filed , 19 C. PAWSON JONES, M. Registrar.

P 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20/26. 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1926, to Sept 20th, 1926, that I last saw him alive on Sept 19th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Johns Hopkins, M. D.

, 19 (Address) 1843 W. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Sept 23rd 1926
20 UNDERTAKER	ADDRESS
Wm. F. Bowman & Son	901 Holliday St.
Geo. F. J. Bowman	

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14339

E 14339

CERTIFICATE OF DEATH. 188-003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 11-1 Ward)

2-FULL NAME Thos. Leroy Alford

(a) RESIDENCE NO. 1003 Mc Culloh St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1909

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	17	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boatblack

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Lemuel alford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Hattie Jordan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C.

14 Informant Hattie alford

(Address) 1003 Mc Culloh

Filed ____ 19__ C. ANDERSON JONES, M. D. Registrar

Per ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Ad.

Fracture of Neck

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Shock.

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) G. Lee Clinton Yates M. D.

(Coroner)

Sept 21 19 26 (Address) 143 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Sept 22/26

20 UNDERTAKER Samuel Carter ADDRESS Balto

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14340 E 14340

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Brown

(a) RESIDENCE No. 1825 N Duncan ST., 8-2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 26. 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	28 26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Henry C Brown

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Emma Archer

13 BIRTHPLACE OF MOTHER (city or town) Camden (State or country) N. J.

Informant Henry C Brown

(Address) 1825 N Duncan

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1926, to Sept 22, 1926, that I last saw him alive on Sept 22, 1926, and that death occurred, on the date stated above, at 2 40/60 m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ... yrs. ... mos 21 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Sutton, M. D.

9/22 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Sept 23	1926
20 UNDERTAKER	ADDRESS
W M Cole	502 E 25th St.

Spec.—1-10-21—M&T—1500 Bks.

E 14341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14341

CERTIFICATE OF DEATH. 1/4-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Park Ave ST., 14 WARD 2

2-FULL NAME Mary E England

(a) RESIDENCE NO. 1507 Park Ave ST., 14 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Charles England

6 DATE OF BIRTH (month, day, and year) Feby 24 1858

7 AGE	68 Years	6 Months	26 Days	If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Oconto
(State or country) Wisconsin

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) New York State

12 MAIDEN NAME OF MOTHER Arabella Barnard

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) New York State

Informant Charles England
(Address) 1507 Park Ave

Filed ....., 19 C. THOMPSON JONES, M. D.
1926 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~July~~ Sept 20 1926

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to ~~July~~ Sept 20, 1926

that I last saw ~~her~~ alive on ~~July~~ Sept 20, 1926

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Arterio Sclerosis

(duration) 6+ yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Carroll Lockard M. D.

1926 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Sept 23 1926
20 UNDERTAKER Henry W. Jenkins & Son	ADDRESS Oachard & McCulloh

Spec.—1-12-23—M&T—500 Bks.

14342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14342

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 252-W Biddle St. 11-2 (Ward)

2-FULL NAME Robert Joseph Bronson

(a) RESIDENCE NO. 252-W- Biddle ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie F Bronson

DATE OF BIRTH (month, day, and year) Apr. 6 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	5	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Home Study Ex

(c) Name of employer Home Study Ex

BIRTHPLACE (city or town) (State or country) Howard Co Md

10 NAME OF FATHER James Bronson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jane Wallis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Jennie F Bronson

(Address) 252 W Biddle St

1926 C. HAMPSON JONES, M.D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926, to Sept 21, 1926

that I last saw ~~him~~ alive on Sept 20, 1926

and that death occurred, on the date stated above, at 6-10 P m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

Pulmonary Congestion

(duration) ? yrs. 6 mos ? ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Walter L Jackson, M. D.

, 19 (Address) 1608 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 24 1926
20 UNDERTAKER	ADDRESS
Chas J. Socks	1302 Jeffer.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14343 E 14343

CERTIFICATE OF DEATH.

51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1509 Lemmon ST., 19-2 WARD

2-FULL NAME Jas. Holley.

(a) RESIDENCE NO. 1509 Lemmon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Holley

6 DATE OF BIRTH (month, day, and year) Dec 25-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hancock Md.

10 NAME OF FATHER Chas H. Holley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington Co Md

PARENTS

Informant (Address) Emma Holley 1509 Lemmon

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1926, to Sept 21st, 1926.

that I last saw him alive on Sept 20th, 1926

and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis.

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. Unknown

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Sept 21 1926 H. Perlin, M. D.

(Address) 1509 North Bet Lemmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Sept 23rd 1926

20 UNDERTAKER A. Jones ADDRESS, 1115 Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14344 E 14344

CERTIFICATE OF DEATH.

185

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Christopher Hipple

(a) RESIDENCE NO. 2120 E.North Ace St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joanna S. Hipple

6 DATE OF BIRTH (month, day, and year) Aug 1/1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile

(b) General nature of industry, business, or establishment in which employed (or employer) Garage Owner

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Pa.

10 NAME OF FATHER Wm C. Hipple

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah E. Loy

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Pa.

PARENTS

14 Informant Joanna S. Hipple

(Address) 2120 E. North Ave

Filed 1926 C. 19 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 20/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Neck & prob Frac Skull

Accidently fell down elevator shaft

S.E. Cor 20th & Chester Sts.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Powers M. D.

(Coroner)

(Address) 508 E Mtn Ave

9/29/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	Sept 23 1926
20 UNDERTAKER	**ADDRESS**
Hughes & Jones Inc	4211 W Bdy.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14345 E 14345

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1341 Patapsco Ave ST., (Brooklyn) (WARD) 25-7

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Lindenbrown

(a) RESIDENCE No. 1341 Patapsco Ave ST., (Brooklyn) 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): April 6 1926

7 AGE: Years — Months: 5 — Days: 14 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer: Infant

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Howard Lindenbrown

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Regina J. Stoutoud

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Howard Lindenbrown 1341 Patapsco Ave

15 Filed ....19.... C. HAMPSON JONES, M. D. Registrar

By R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Sept 21, 1926, that I last saw her alive on Sept. 20, 1926, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis.

(duration) ....yrs. ....mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm A Scott M. D.

19....(Address) 816 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Sept 23 1926

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Md Ave Westport

Filed 31926 Per

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14346

CERTIFICATE OF DEATH.

66

E 14346
REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. City Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kbaue

(a) RESIDENCE NO. 401 N Arall St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Doknow 1892
About

7 AGE 34 Years — Months — Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Taelor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New York N.Y.
(State or country)

PARENTS

10 NAME OF FATHER Andrus Kane

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithvania

12 MAIDEN NAME OF MOTHER Ana Maculaitis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithvania

14 Informant A. Amros
(Address) 14 N Stricker Street

Filed 1926 C. HAMPSON JONES, M. D.
Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ac Alcoholism
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
Signed C. C. Jones, M. D.
(Coroner)
Sept 22, 19 26 Address 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
Holy Redeemer — Sept. 23. 1926

20 UNDERTAKER — ADDRESS
John Grebliauckas 1423 S. Paca St.

Spec.—12-9-25—A Co.—200 Blks.

E 14347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 14347

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1203 Marylandare St. 11-2 Ward)

2-FULL NAME Lilly Bundey

(a) RESIDENCE NO. 1203 Marylandare Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert N. Bundey

6 DATE OF BIRTH (month, day, and year): June 10 1876

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
50	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chiropodist 086

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond Co.

(State or country) Va.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant: Robert N. Bundey

(Address) 1203 Marylandare

Filed 9 23 1926 H. LAMPSON JONES, M. D., Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21/ 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1926, to 9/21, 1926, that I last saw h-- alive on 9/20, 1926, and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) None known

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J. Keller, M. D.

9/22, 1926 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamel Cemetery Date of Burial Sept 24 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 725 Marylandare

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14348
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14348
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1821 Holbrook St (ST.) 4-7 113 (WARD)

2-FULL NAME Clara Jones

(a) RESIDENCE No. 1321 Holbrook St. ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 17, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Manley Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Louis, Mo.

12 MAIDEN NAME OF MOTHER Sarah Johnson,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Raleigh, N.C.

Informant Mrs. Sarah Jones
(Address) 1321 Holbrook St

Filed . 19 C. MAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22. 1926.

17 I HEREBY CERTIFY, That I attended deceased from 9/19/26, 19..., to 9/22/26. 19...

that I last saw her alive on 9/21/26. 19...

and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Dil. of Heart.

(duration) yrs. mos. - ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) Geo. A. Bowden, M. D.

9/23 1926 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincents Cem	Sept 25th 1926

20 UNDERTAKER Leo G. Leverk

ADDRESS 1723 Patt Pk Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14349

CERTIFICATE OF DEATH.

90

E 14349

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2641 Boone St St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Letta Lewis

(a) RESIDENCE NO. 2641 Boone St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Lewis

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Herbert Lewis (son)

(Address) 335 Dolphin St

15 Filed SEP 23 1926 16 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Senility

(duration) yrs. mos. ds.

(Signed) J. H. Lewis M. D.

(Coroner)

9/22/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Sept 23 1926

20 UNDERTAKER: Mrs Kate R. Williams — ADDRESS: 922 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14350

CERTIFICATE OF DEATH. X 31

E 14350

1-PLACE OF DEATH

REGISTERED NO. 27-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 201 Echodale Ave. Raspeburg, St. 2 WARD)

2-FULL NAME William David Biddle

(a) RESIDENCE NO. 201 Echodale Avenue, Raspeburg Stati WARD 27
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Reefer

6 DATE OF BIRTH (month, day, and year) April 3, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
	53	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Molder

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer

9 BIRTHPLACE (city or town) Kent County
(State or country) Maryland

10 NAME OF FATHER Isaac A. Biddle

11 BIRTHPLACE OF FATHER (city or town) Kent County
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha J. Jones

13 BIRTHPLACE OF MOTHER (city or town) Kent County
(State or country) Maryland

Informant Geo. E. Ryston
(Address) 201 Echodale Ave.

Filed 23 1926 CLAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug. 20, 19 26 to Sept. 22, 19 26,

that I last saw him alive on September 22, 19 26,

and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(a) Pneumo-thorax (duration) 11 yrs. mos ds. 6 weeks

CONTRIBUTORY (Secondary) (b) Cardiac dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Williamson, M. D.

19 (Address) 13 Cole Ave. Raspeburg, Sta.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkton Md

DATE OF BURIAL Sept 24 1926

20 UNDERTAKER J. Geo. McCully

ADDRESS 128 E. Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14351

CERTIFICATE OF DEATH.

11-4-00

E 14351

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1324 N. Carey St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T. Brooks

(a) RESIDENCE NO. 1324 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	colored	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H. Brooks

6 DATE OF BIRTH (month, day, and year) July 5 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer General

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Robt. Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary A Lewis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant John H. Brooks

(Address) 1324 N. Carey St

15 Filed Sept 27 1926 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones, M. D.
(Coroner)

Sept 27 1926 (Address) 1301 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co Md

Date of Burial Sept 24 1926

20 UNDERTAKER Mrs Jas N. Dennis

ADDRESS 1303 Preston St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14352

CERTIFICATE OF DEATH.

144 E 14352

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hosp St. 16-2 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Ruth Isaac

(Residence in Baltimore: No. 760 Linwood St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, 6 (Month) 19 (Day) 1899 (Year)

7-AGE, 27 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Arthur McKenna

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md.

12-MAIDEN NAME OF MOTHER Emma Rupp

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Isaac

(Address) 760 Linwood St

9 23 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 20 (Day) 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1926, to Sept 20 1926, that I saw h W alive on Sept 20 1926 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Hemophilia

Hemorrhage from Kidney

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Ernest P. Kahn M. D.

9/20, 1926 (Address) 3005 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, 9 23, 1926

20-UNDERTAKER E. L. Fanning & Son

ADDRESS 1938 E. Lafayette Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 14353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 14353

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 856 W Lexington St. 18-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Linsear

(a) RESIDENCE NO 856 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10 1909

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bath. N C.

PARENTS

10 NAME OF FATHER Geo M Linsear

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Hattie A Swift

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C.

14 Informant Geo M Linsear

(Address) 856 W Lexington St.

15 Filed [illegible] 19 [illegible] Registrar

3 1926

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Short Space yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel K Fisher, M. D. (Coroner)

19 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. Date of Burial: 9/29 1926

20 UNDERTAKER: Mrs Katie R Williams ADDRESS: 322 N Schroeder

Spec.—1-10-21—M&T 1500 Blks.

E 14354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 14354

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2932 E. Fayette ST. 6-3 (WARD)

2-FULL NAME Magdalena L. Euler

(a) RESIDENCE NO. 2932 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Euler

6 DATE OF BIRTH (month, day, and year): Jan. 26-1854

7 AGE: Years 72 | Months 7 | Days 25 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John Leikauf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: August Euler

(Address): 2932 E. Fayette St.

Filed ..... 19..... C. HAMILTON JONES, M. D.

SEP 23 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Sept 21, 1926, that I last saw her alive on Sept 20, 1926, and that death occurred, on the date stated above, at 3 A M P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Nephritis arterio-sclerosis hypertension (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. C. Dobihal M. D.

, 19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept. 24 1926

20 UNDERTAKER: Wm. E. Black — ADDRESS: 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14355

CERTIFICATE OF DEATH.

139

E 14355

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N Pulaski ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Webster Billmyer

(a) RESIDENCE NO. 621 N Pulaski ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1878

7 AGE — Years: 48 — Months: 4 — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Charles A Billmyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Catherine Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

Informant: Grace E Mackey

(Address): 621 N Pulaski St

Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1926, to Sept 22, 1926, that I last saw him alive on Sept. 21, 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

myocarditis (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer C. Todd, M. D.

9/23 1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Loudon Park — DATE OF BURIAL SEP 25 1926

20 UNDERTAKER: Geo W Little — ADDRESS 2708 EDMONDSON AVE.

Spec.—12-9-25—A Co.—200 Bks.

(Nichols)

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 14356

CERTIFICATE OF DEATH.

E 14356

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE, (No. 1713 Balt St. 24-2 Ward)

2-FULL NAME John H Nicholas Jr

(a) RESIDENCE NO 1713 Balt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

10 NAME OF FATHER John Nichols

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Corrine Horner

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant: John Nichols

(Address) 1420 Light St.

15 Filed Sept 23 1926 C. HAMPSON JONES, M. Registrar

By BK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 22 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/22, 1926, to 9/22, 1926, that I last saw h[illegible] alive on 9/22, 1926, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Malnutrition Lead 1/2 h

after Birth (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1340 S Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Sept 23 1926

20 UNDERTAKER: Margt. L. Flynn ADDRESS: 1425 Light

Spec.—1-10-21—M&T—6000 Blks.

E 14357.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14357

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospt. (St.) 27-13 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Christopher

(a) RESIDENCE NO. 3024 Parkside Drive ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	W.	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Wm. N. Christopher

6 DATE OF BIRTH (month, day, and year) Apr 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William Brimline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eliz. Harrigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Self.

(Address)

Filed 2-8 1926, 19 Per C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/17, 1926, to 9/22, 1926, that I last saw her alive on 9/22, 1926 and that death occurred, on the date stated above, at 11 15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma at Cardiac End Stomach.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Krug Mills M. D.

, 19 (Address) 111 E. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Sept 25 1926

20 UNDERTAKER Margaret H. Flynn ADDRESS 1422 Light

Spec.—1-10-21—M&T—1500 Blks.

E 14358

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14358

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Lanvale ST., 17-1 WARD)

2-FULL NAME Elizabeth R. Taylor

(a) RESIDENCE NO. 624 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Aug 21-1909

7 AGE — Years: 17 | Months: 1 | Days: 1 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Carrie Drake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Margarite Ellis 624 W. Lanvale

Filed SEP 23 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22/26

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15 1926 to Sept 22 1926

that I last saw her alive on Sept. 21 1926

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm J. Carr, M. D.

Sept. 22 1926 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norristown, Pa. | DATE OF BURIAL: 9/23/26

20 UNDERTAKER: Mrs. Geo. H. Holland | ADDRESS: 1631 Pine

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14359 E 14359

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 N. Gilmor ST. 15-13 (WARD)

2-FULL NAME Annie Marshall

(a) RESIDENCE NO. 1602 N. Gilmor ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant John W Coates
(Address) 1620 N. Gilmor

15 Filed ..... 19..... Reg. .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Sept 22, 1926,
that I last saw h[illegible] alive on Sept 20, 1926,
and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:
Paralysis; Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles A. Hooker, M. D.

Sept 22 1926 (Address) 712 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Sept 24 1926

20 UNDERTAKER Sam'l R. Brice & Son — ADDRESS 1400 Mosher

E 14360 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14360

31

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 Ray Mar Ave St. Gardenville No. 14 Ward)

2-FULL NAME Clara N. McCurdy

(a) RESIDENCE NO. 6 Ray Mar. Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 9 mos. 25 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Wm J. McCurdy

6 DATE OF BIRTH (month, day, and year): Nov 27/97

7 AGE — Years: 28 | Months: 9 | Days: 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Dennis J. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Clara M.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Mrs J. McCurdy

(Address): 6 Ray Mar Ave

Filed SEP 23 1926

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept 22/26

17

I HEREBY CERTIFY, That I attended deceased from June 24, 19 26, to Sept. 22, 19 26,

that I last saw h__ alive on Sept. 22, 19 26,

and that death occurred, on the date stated above, at 9:55 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological examination

(Signed) Chas. C. Hamilton M. D.

, 19 (Address) 907 E. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. — Date of Burial: 9/25 19 26

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

No 5547

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14361

CERTIFICATE OF DEATH.

3 E 14361

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2012 Ellsworth St., 8-3 Ward)

2-FULL NAME Herman J. Bothlingshofer

(a) RESIDENCE NO. 2012 Ellsworth St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 10 25

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	1	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: John Bothlingshofer

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Agnes Schlechter

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Md.

14 Informant: John Bothlingshofer

(Address): 2012 Ellsworth St.

Filed ..... 19 ..... Per ..... Registrar

SEP 23 1926

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 22/26

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1926, to Sept. 22, 1926, that I last saw him alive on Sept 21, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice V. Foske, M. D.

19 (Address) 945 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (i) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity — Date of Burial: 9/24 1926

20 UNDERTAKER: Philip Henry — ADDRESS 2016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14362

CERTIFICATE OF DEATH.

90 E 14362

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4110 Groveland Ave St. 28-1 Ward)

2-FULL NAME Flora V. Schroder

(a) RESIDENCE NO. 4110 Groveland Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: late Francis A. Schroder

6 DATE OF BIRTH (month, day, and year): June 5 67

7 AGE: Years 59 | Months 3 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Frederick Md

PARENTS

10 NAME OF FATHER Henry Warenfeltz

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Del

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Del

14 Informant: Francis A. Schroder

(Address) 4110 Groveland Ave

15 Filed 19____ C. HARRISON JONES, M. D. Registrar

Sept 23 1926 Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 22 26

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 22, 1926, that I last saw her alive on Sept 22, 1926, and that death occurred, on the date stated above, at 8 35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Ed paralysis + oedema of lungs

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) arterio sclerosis - high blood pressure + myocarditis from indefinite duration about 3 yrs).

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Nibett, M. D.

Sept 23 1926 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial 9 25 19 26

20 UNDERTAKER: Philip Herwig — ADDRESS 1016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14363 — 1-PLACE OF DEATH

46 — E 14363 — REGISTERED NO.

City of BALTIMORE: (No. 2917 Mc Elderry St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Seibel

(a) RESIDENCE NO 2917 Mc Elderry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Alfred L. Seibel

6 DATE OF BIRTH (month, day, and year): Jan 8/74

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Geo. Schlund

11 BIRTHPLACE OF FATHER (city or town): Ger.

(State or country)

12 MAIDEN NAME OF MOTHER: Caroline

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Geo. A. Bode

(Address) 2917 Mc Elderry

15 Filed ....., 19.. C. HAMPTON JONES, M. D. Registrar

23 1926 By R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 21/26

17

I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1924, to Sept. 21, 1926, that I last saw her alive on Sept. 21, 1926, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Adeno-Carcinoma of Uterus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Patient also had Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 1923

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Section

(Signed) Vincent V. Jopka, M. D.

, 19 (Address) 845 N. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — Date of Burial: 9/25 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14364 E 14364

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 N. Chester St. 2-2 Ward) 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude F. Stotler

(a) RESIDENCE NO. 506 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John R. Stotler

6 DATE OF BIRTH (month, day, and year): Sept 25/86

7 AGE: Years 39; Months 11; Days 23; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Guy Scorani

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: John R. Stotler

(Address): 506 N. Chester St.

15 Filed SEP 23 1926 THOMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 22/26

17

I HEREBY CERTIFY, That I attended deceased from May, 1926, to September 22, 1926

that I last saw h.. alive on September 21, 1926,

and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Adeno-carcinoma of Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) see reverse side

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Laparotomy

(Signed) Franklin Eyd, M. D.

Sept 23, 1926 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 9/24 1926

20 UNDERTAKER: Philip Herring ADDRESS 2016 Orleans

Spec—12-23-21—E.B.R.S.—400 Blks.

E 14365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeth's Home St., Ward 94) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Bertram

(a) Residence No. St. Elizabeth's Home St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	negro	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Probably Feb 1920

7-AGE, about	If LESS than 1 day,
...yrs. 7 ...mos. ...ds.	...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foundling

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Foundling

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14-(Informant) Mother Pascal

(Address) St. Elizabeth's Home

15-Filed C. HAMPSON JONES, M. D. Registrar.

SEP 23 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 22/26

17- I HEREBY CERTIFY, That I attended deceased from September 12, 1926, to September 21, 1926

that I last saw h~~im~~ alive on September 21, 1926

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
unknown
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Marasmus
(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Sept 27, 1926 (Address) 2065 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER,	ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 14366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14366

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., 41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy McDonald

(a) RESIDENCE NO. Alberton and ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, and year) 9/22/26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) University Hospital (State or country) Baltimore

10 NAME OF FATHER Earl McDonald

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie McHenry

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

Informant Hospital Records.

(Address)

Filed ..... 19 C. RAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23/26 19

17

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1926, to Sept 23, 1926, that I last saw him alive on Sept 23, 1926, and that death occurred, on the date stated above, at 5:10 a m.

The CAUSE OF DEATH* was as follows:

Immaturity

Premature birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. L. Whitehead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alberta Cem Co	Sept 23 19 26
20 UNDERTAKER	ADDRESS
Easton Bros	Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 14367. HEALTH DEPARTMENT—CITY OF BALTIMORE E 14367.

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 So. Ann St 7-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOSEPHINE KOLAKOWSKA,

(a) RESIDENCE NO. 604 So. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female ~~Female~~

4 COLOR OR RACE: White,

5 Single, Married, Widowed, or Divorced, (write the word): Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph Kolakowski,

6 DATE OF BIRTH (month, day, and year): Unknown,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER: Stanislaus Popolek,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Maryanna Filipowicz,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

PARENTS

14 Informant: Mollie Kostone

(Address) 803 S. Lakewood ave.

15 Filed 9-22 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-22- 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-21-, 1925, to 9-22-, 1926,

that I last saw her alive on 9-21-, 1926,

and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

& Sec. Anaemia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-12-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronstein, M. D.

9-22 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem., DATE OF BURIAL: Sept. 25- 1926.

20 UNDERTAKER: M. F. Sadowski., ADDRESS: 705 S Ann St

8 1926

Spec.—1-12-23—M&T—500 Blks.

19 5698

E 14368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14368

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 16-1 WARD)

2-FULL NAME Michael Mc Carthy

(a) RESIDENCE NO. 1724 Belmont Ave ST., City WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

7 DATE OF BIRTH (month, day, and year) 8/1/1892

8 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	34	1	21	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rail Road Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 109

10 BIRTHPLACE (city or town) (State or country) Conn—

10 NAME OF FATHER Eugene Mc Carthy

11 BIRTHPLACE OF FATHER (city or town) Conn— (State or country)

12 MAIDEN NAME OF MOTHER M. O'Connell

13 BIRTHPLACE OF MOTHER (city or town) Conn— (State or country)

14 Informant Relative (Address) Johns Hopkins Hospital

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1926, to Sept 22, 1926, that I last saw him alive on Sept 22, 1926 and that death occurred, on the date stated above, at 1-10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endocarditis

Sub-acute Bacterial Endocarditis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) E. Boulder Andrus, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norwich Conn.

DATE OF BURIAL 9/24/26 19

20 UNDERTAKER George J. Huth

ADDRESS 17-0 Hanford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14369

CERTIFICATE OF DEATH.

101-001

E 14369

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 650 W Mulberry St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jams Myers

(a) RESIDENCE NO. 650 W Mulberry St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Myers

6 DATE OF BIRTH (month, day, and year) May 15 - 82

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Mrs Hall

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balt

PARENTS

10 NAME OF FATHER Dan Myers

11 BIRTHPLACE OF FATHER (city or town) Dont Know

(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Dont Know

(State or country)

14 Informant Lena Myers

(Address) 650 W Mulberry

C. HAMPSON JONES, M. D.

Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Daniel O Jones M. D.

(Coroner)

, 19 26 (Address) 3325 Sabon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Sept 24/926

20 UNDERTAKER Daniel Easton ADDRESS 16 a ab 16

SEP 1926

Spec.—1-12-23—M&T—500 Bks.

E 14370 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Bayard ST., 21 WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Mabel Chambers

(a) RESIDENCE No. 1226 Bayard ST., 21 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, and year): May 14. 26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Wm E Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Platts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): Wm E Chambers 1226 Bayard St

Filed 1926 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 1926, to Sept 22, 1926, that I last saw h[illegible] alive on Sept 21, 1926 and that death occurred, on the date stated above, at 7 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy findings

(Signed) John G Schwartzbeck M. D.

, 19 (Address) 1126 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Sept 24/26

20 UNDERTAKER: Daniel Easton — ADDRESS: Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14371 E-14371

CERTIFICATE OF DEATH.

1-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 N. Carey ST. 18-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Hudson

(a) RESIDENCE No. 105 N Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham L Hudson

6 DATE OF BIRTH (month, day, and year): Sept 25 1868

7 AGE: Years 57 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kent Co Md

10 NAME OF FATHER: Wm Dobson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nancy Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Abraham L Hudson

(Address) 105 N. Carey St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926 to Sept 28, 1926.

that I last saw her alive on Sept 23, 1926

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH was as follows:

Typhoid Fever

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Intestinal Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) M. A. Jacobs M. D.

, 19 (Address) 1735 N Bentalou St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old St Paul's Cem Kent Co Md — DATE OF BURIAL: Sept 25 26

20 UNDERTAKER: John C Mitchell — ADDRESS: 1201 W Fayette

pec.—1-12-23—M&T—500 Blks.

E 14372 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14372

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH University Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 25-9 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Chase.

(a) RESIDENCE NO. Fourth Ave + 2nd St. Fairfield ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced (or) WIFE of John Chase

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Bryant Town Md

(State or country)

10 NAME OF FATHER Peter Bell

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Smallwood

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Maryland.

Informant John Chase

(Address) 4th Ave + 2nd St

FILED 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21st 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926, to Sept 21, 1926,

that I last saw her alive on Sept 21, 1926,

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chr. Nephritis

(duration) 2 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Edgar P Mallon, M. D.

9/27/26 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	9/24 1926
20 UNDERTAKER	ADDRESS
Jas. W. Skinner	1625 E. Madison

Spec.—1-10-21—M&T—1500 Bks.

E 14373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14373

REGISTERED NO. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ulysses Pickett

(a) RESIDENCE NO. Mt Airy Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1915

7 AGE	Years	Months	Days	If LESS than 1 day,.. hrs or.....min.
	11	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Harry C Pickett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) not given

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) " "

14 Informant Harry C Pickett
(Address) Mt Airy Md

15 Filed 3 1926 C. HAMPSON JONES, M. D.
Per CPK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-18, 1926, to 9-23, 1926,

that I last saw him alive on 9-23, 1926,

and that death occurred, on the date stated above, at 6.25 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema
following ruptured appendix

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept 17, 1926

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Theron Hunter, M. D.

9/23, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Poplar Springs M E Church	Sept 25 1926
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

Spec.—I-10-21—M&T—1500 Bks.

E 14374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14374

CERTIFICATE OF DEATH.

11-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. ST. WARD 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Leon Peregoy

(a) RESIDENCE NO. 97 Third ave. ST. Magnolia Point. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Peregoy

6 DATE OF BIRTH (month, day, and year) Sept 9 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	11 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 162

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Wm. N. Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary E. Vonneumin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Mary E Peregoy 97 - 3rd St Magnolia Pt

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/21, 1926, to 9/22, 1926, that I last saw h[illegible] alive on 9/22, 1926, and that death occurred, on the date stated above, at 7:10 a.m.

The CAUSE OF DEATH* was as follows: Perforated gastric ulcer

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Sept 21

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Sparks, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 25 1926

20 UNDERTAKER Ivy Cook — ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

Jacob Braverman ✓

E 14375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 14375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 27 W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Jacob Braverman

(a) RESIDENCE NO. 427 Bentalou Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Levetas

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Braverman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Herman Braverman

(Address) 427 Bentalou Ave

Filed 9-24-1926. 19 C. HAMPSON JONES, M. D.

Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 .1926. to Sept 23 .1926.

that I last saw him alive on Sept 23 .1926.

and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

(duration) 2? yrs. mos ds.

CONTRIBUTORY (Secondary) P.O. Shock + Cardiovascular failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Sept 21, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation + Clinical S + S.

(Signed) D. Arthur Linde, M. D.

9/23 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 9/24 1926

20 UNDERTAKER Lo Levenson K B Co

ADDRESS 1127 E Balto St

Spec.—1-10 21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14376 E 14376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 18-2 WARD)

REGISTERED NO. 124

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Stewart

(a) RESIDENCE NO. 841 W. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1895-

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant City Hospital Records

(Address)

15 Filed [illegible], 19 HAMPSON JONES, M. D.

Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22 1926

17

I HEREBY CERTIFY, That I attended deceased from September 14, 1926, to September 22, 1926, that I last saw h[illegible] alive on September 22, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Acute Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) D Hoopes Smith, M. D.

Sept 23 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Sept 24 1926

20 UNDERTAKER Leonard Wheeler

ADDRESS 708 Mosher Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14377

CERTIFICATE OF DEATH.

74-001

E 14377

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 827 Plum St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johns Royal

(a) RESIDENCE NO. 827 Plum St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Sarah Royal

6 DATE OF BIRTH (month, day, and year) Mar. 1st 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat

(c) Name of employer Tolchester Co.

9 BIRTHPLACE (city or town)

(State or country) Kent Island Md.

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (?)

(State or country)

14 Informant Elizabeth Royal

(Address) 827 Plum St

Filed SEP 24 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Sept 21, 1926, that I last saw h.. alive on Sept 21, 1926, and that death occurred, on the date stated above, at 1030 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. T. Hassell, M. D.

9/22/26 (Address) 601 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn	Sept 24 1926

20 UNDERTAKER R. L. Parham

ADDRESS 906 Leadenhall st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14378

CERTIFICATE OF DEATH.

E 14378

REGISTERED NO. 77-6 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen'l Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Paul Trasford

(a) RESIDENCE NO. 103 Wyndhurst ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ M Alice Trasford

6 DATE OF BIRTH (month, day, and year) June 17-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

10 NAME OF FATHER James Trasford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant M. Alice Trasford

(Address) 103 Wyndhurst Ave

15 Date Received SEP 24 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-16-26, 19..., to 9-22, 19 26

that I last saw him alive on 9-22, 19 26

and that death occurred, on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis, Cardiac failure (duration) yrs. mos. 5 ds.

Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9-17-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) Thomas H. Jameson, M. D.

9/23 1926 (Address) W. B. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Sept 28/26

20 UNDERTAKER A S Marshall ADDRESS 3539 Falls Road

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14379

CERTIFICATE OF DEATH.

9-002

116 E 14379

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Welcome Alley ST., 22-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Stripling

(a) RESIDENCE NO. 108 Welcome Alley ST., 22 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stripling

DATE OF BIRTH (month, day, and year) July 8, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) ~~Detroit Michigan~~ Wilkes Co. Georgia

10 NAME OF FATHER Amus Stripling

11 BIRTHPLACE OF FATHER (city or town) Wilkes

(State or country) Co., Georgia.

12 MAIDEN NAME OF MOTHER Fannie Willis

13 BIRTHPLACE OF MOTHER (city or town) Wilkes

(State or country) Co. Georgia

Informant Mary Stripling

(Address) 108 Welcome Alley

Filed ..... 19..... C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21/1926

17 I HEREBY CERTIFY, That I attended deceased from 9/20/, 1926, to 9/21/, 1926, that I last saw h[illegible] alive on 9/20/, 1926 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation with Hypostasis.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary), Intestinal Abstruction (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? physical & History

(Signed) [illegible], M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	Sept 24 1926
20 UNDERTAKER	ADDRESS
I L Brown & Son	1418 W. Fremont St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14380

CERTIFICATE OF DEATH.

188-003 E 14380

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Sidner

(a) RESIDENCE NO. 916 Morris St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4-1908

7 AGE: Years 18 Months 2 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Sidner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Jannie Sidner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jannie Sidner

(Address) 916 Morris St.

Filed Feb 4, 1926 RAMSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:*

Auto Accident

Fracture of Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) R. C. Hall M. D.

(Coroner)

April 6, 19 (Address) 1230 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Apr 24 26

20 UNDERTAKER Samuel D Tinsley ADDRESS 718 Eddie

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14381

CERTIFICATE OF DEATH.

E 14381

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 S Decker Ave ST., 14 WARD)

2-FULL NAME Maryanna Kordonska

(a) RESIDENCE NO. 1244 S Decker Ave ST., (WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? 33 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1881 Jan 21

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Wawzen Matuszak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Matuszak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anthony Polanowski

(Address) 1005 S Elwood Ave

15 Filed Sep 24 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 1926 to Sept 21 1926

that I last saw her alive on Sept 21 1926

and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows: Myocard Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

. 19 (Address) 105 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL Sep 25 1926

20 UNDERTAKER Stephen F Fiskowski — ADDRESS 1500 Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

14382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 14382

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 27-4 WARD)

2-FULL NAME Mrs Bertha Fisher

(a) RESIDENCE NO. Greenspring Ave S near Rogers WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? ~~55~~ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham H Fisher

6 DATE OF BIRTH (month, day, and year) Mar. 16, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	4 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Aaron Hamburger

11 BIRTHPLACE OF FATHER (city or town) Frankfort (State or country) Germany

12 MAIDEN NAME OF MOTHER Betty Pollack

13 BIRTHPLACE OF MOTHER (city or town) Frankfort (State or country) Germany

14 Informant Son (Allan H Fisher) (Address) 704 Union Terrace

15 Filed SEP 28 1926, 19 Per K K Registrar

C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept 22, 1926, that I last saw her alive on Sept 22, 1926, and that death occurred, on the date stated above, at 11:55 A.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Bright's Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bed ✓

Did an operation precede death? NO Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) F J Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 9/24/1926

20 UNDERTAKER David Sonnheim

ADDRESS 118-20 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14383

CERTIFICATE OF DEATH.

129 E 14383

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 E. Lombard ST., 3-1 WARD)

2-FULL NAME Henry Stockman

(a) RESIDENCE NO. 1627 E. Lombard ST., 3 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anne Stockman

6 DATE OF BIRTH (month, day, and year): Feb. 16, 1860

7 AGE: Years 66 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 06

(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charley Stockman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lena Lynbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Anna Stockman 1627 E. Lombard

15 Filed SEP 24 1926 HAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 14th, 1926, to Sept. 22nd, 1926, that I last saw h— alive on Sept. 21st, 1926, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam. & Lab.

(Signed) A. Reis, M. D.

Sept 24, 1926 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL Sept 25 1926

20 UNDERTAKER: Louis Heemann ADDRESS 32 S Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14384 E 14384

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1559 Leslie — ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Garner -

(a) RESIDENCE NO. 1559 Leslie ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored,	married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Garner

6 DATE OF BIRTH (month, day, and year) Oct 3 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	25	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (City or town) St Marys

(State or country) Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Julia Butler

(State or country)

12 MAIDEN NAME OF MOTHER St Marys Co Md

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Patrick Garner, (Address) 1559 Leslie St.

15 Filed 9-24 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15 1926, to Sept 23 1926

that I last saw her alive on Sept 22 1926

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows: Intestitial Nephritis

Indefinite

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. Garland Chamberlain M. D.

Sept 24 1926 (Address) 1534 - E. N. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Co Mt Guardian St Mary's

DATE OF BURIAL Sept 25 1926

20 UNDERTAKER Mrs Sarah M. Dennis

ADDRESS 1303 Pressman St

Spec.—12-9-25—A Co.—200 Bks.

14385

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 14385

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 N. Payson St. 15-12 Ward)

2-FULL NAME Baby Fruchtenberg

(a) **RESIDENCE NO.** 1512 N Payson St._____ **Ward**_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — none

6 DATE OF BIRTH (month, day, and year) Sept 13-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of indnstry, business, or establishment in which employed (or employer) infant

(c) Name of employer none

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Nat Fruchtenberg

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Rena Ickow

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Balto Md

14 Informant Nat Fruchtenberg

(Address) 1512 N. Payson St.

15 Filed 4 1926 19 HAMILTON JONES M. D. Registrar

Per R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22- 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1926, to _____, 19____, that I last saw h. alive on Sept 23, 1926 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Coma following

Eclampsia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBITORY (Secondary) Cerebral hemorrhage

(duration) ___ yrs. ___ mos. 8 ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? no Date of Sept 14 26

Was there an autopsy? no

What test confirmed diagnosis?_____

(Signed) [illegible], M. D.

9/24, 1926 (Address) 1614 S. Ellwood Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holmes Hebrew Cem. 19 26

20 UNDERTAKER ADDRESS

Jack Louis 1439 E Balto St

E 14386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. E 14386

1-PLACE OF DEATH City of BALTIMORE: (No. St. Agnes Hospital 25-2 St. Ward)

Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Mulliken

(Residence if [redacted] No. C. St. St. Dennis, Md St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Aug (Month) 26th (Day) 1903 (Year)

7-AGE: 23 yrs. — mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Chauffeur (b) General nature of Industry, business, or establishment in which employed (or employer): Employed by C. R. Glenn Ellridge, Md

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Robt. O. Mulliken

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Florence A. Nelson

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt O. Mulliken

(Address) C. St - St Dennis, Md.

15- Filed 2 4 1926 C. HAMPSON JONES, M. D. Registrar. Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22nd (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest and/or inquiry.) thereon and from the evidence obtained by said Inquest, and/or (autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell off of tail gate of auto truck

(Duration) yrs. mos. ds.

(Signed) Thos B. Norton M. D.

Sept 23rd 1926 (Coroner) (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HILLSBORO CEMETERY CAROLINE CO. Md

DATE OF BURIAL. Sept 28 1926

UNDERTAKER. Geo. F. Cowperthwait Bros

ADDRESS 901 Hollins

E 14387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14387

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Penna. RR. track near Edmonson Ave. St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Evan H. Bell

(Residence in Baltimore: No. 2013 W Lanvale ST. St.; yrs. 20 ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~ ~~Married~~ ~~Widowed~~ ~~Divorced~~ (Write the word.) Married

6-DATE OF BIRTH: April 4 1851
(Month) (Day) (Year)

7-AGE: 75 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): self

9-BIRTHPLACE, (State or Country): Baltimore Co. Md.

PARENTS:

10-NAME OF FATHER: Edward Bell

11-BIRTHPLACE OF FATHER. (State or Country): Balto. Co. Md.

12-MAIDEN NAME OF MOTHER: Mary Richardson

13-BIRTHPLACE OF MOTHER. (State or Country): Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Harriett A. Bell

(Address): 2013 W. Lanvale St.

15- Filed SEP 24 1926 192.. C. HAMPSON JONES, M. D. Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept. 21 1926
(Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or Inquiry) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
Probably accidental

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) R. R. Accident

(Duration) ... yrs. ... mos. ... ds.

(Signed) ..... M. D.
(Coroner)

9/23/26 192.. (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Sept 24 1926

20-UNDERTAKER: Jos B Cook ADDRESS: 1023 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14388

CERTIFICATE OF DEATH.

84 E 14388

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5413 Gonsaus Ave ST.) 27-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Samuel Chaudley

(Residence in Baltimore: No. 5413 Gonsaus Ave St.; 20 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-WHETHER SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 6th (Day) 1889 (Year)

7-AGE, 37 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Electrician 074

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Electric Shop

9-BIRTHPLACE, (State or Country) Elastaun Pa

PARENTS.

10-NAME OF FATHER, Samuel Chaudley

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Mary Kurfuss

13-BIRTHPLACE OF MOTHER (State or Country), Gloucester N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Leta Chaudley

(Address) 5413 Gonsaus Ave

15- Filed 9.24.1926, 191.. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 23rd (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/22 1926, to 9/23 1926, that I saw h[illegible] alive on 9/23/26 191, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) mos. ds.

(Signed) C. B. Luther Kause M. D.

9/23/, 1926 (Address) 1901 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Sept. 27, 1926

20-UNDERTAKER J. B. Cook

ADDRESS 1003 E Baltimore St

Spec.—1-10-21—M&T—1500 [illegible]

(Sister Seraphine Pula)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14389 E 14389

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 75-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Seraphine Pula

(a) RESIDENCE No. St Agnes Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Sept

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): March 3-1842

7 AGE: Years 84 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sister Mary Clare

(Address) St Agnes Hosp. City

15 Filed 9 24 1926, 19

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-23 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-28, 1926, to 9-23, 1926,

that I last saw h[illegible] alive on 9-23, 1926,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage cerebral

hypo cardiac - Insufficiency

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) [illegible] M. D.

9/25 19 27 (Address) 409 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Sept. 25, 1926

20 UNDERTAKER: Martin Fahey & Sons.

ADDRESS: 1827 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14390 CERTIFICATE OF DEATH. 185 E 14390

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 1-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Erlwein

(a) RESIDENCE NO. 2918 Cambridge St ST., ... WARD .....

(Usual place of abode)

(if non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE: 65 (Years / Months / Days)

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant .....

(Address) .....

15 Filed 9 24 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-9-, 1925, to 9-21-, 1926, that I last saw alive on 9-21-, 1926 and that death occurred, on the date stated above, at 5.9 m.

The CAUSE OF DEATH* was as follows:

Fract. 1st Lumber Vertebra

Chronic Myocarditis

Generalized Osteosclerosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Roentgen Ray

(Signed) W. Blaurock M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14391

CERTIFICATE OF DEATH.

90

E 14391

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 N. Front St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Alt

(a) RESIDENCE NO. 100 N. Front St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Div.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60	about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) [illegible]

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) [illegible]

14 Informant Katie Heintzman wife

(Address) 1538 Lemmon St

Filed SEP 24 1926 C. HAMPSON JONES, M. D.

By RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an 91 Enquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Enquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Vasc. dis. heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. T. Talley M. D.
(Coroner)

Sept 23, 1926 (Address) 1629 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimans Date of Burial Sept 24 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14392

CERTIFICATE OF DEATH.

129 E 14392

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 323 N. Fulton Ave ST. 19-1 WARD)

2-FULL NAME John. T. Gunnar

(a) RESIDENCE No. 323 N. Fulton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gillian Gunnar

6 DATE OF BIRTH (month, day, and year) April 26 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Gunnar

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs. Gillian Gunnar

(Address) 323 N. Fulton Ave

15 Filed 1926 19 C. HAMPTON JONES, M. D. Registrar

Per RR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/20 1926 to 9/24 1926 that I last saw h[illegible] alive on 9/23 1926 and that death occurred, on the date stated above, at 3:50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Uremia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Lord M. D.

9/24 1926 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept. 27 1926

UNDERTAKER Henry Horch Son — ADDRESS 1301 E. [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 14393 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD) 19-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Talbott.

(a) RESIDENCE NO. Delroy Ave, Catonsville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced, (write the word)~~: Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of ~~Mrs. Talbott~~ Thos B Talbott

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Thos. B. Talbott

(Address) Delroy Ave, Catonsville

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per DKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Sept 23, 1926,

that I last saw h.e alive on Sept 23, 1926,

and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction from adhesions, volvulus.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Leucemia & Shock

(duration) yrs. mos Chas.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 9/23/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. H. Evans, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park DATE OF BURIAL Sept 25 1926

20 UNDERTAKER: Wm Cook ADDRESS 502 E Park

Spec.—1-12-23—M&T—500 Bks.

Dr Wesley Wood Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14394 | 129 | E 14394

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4308 Walnut Ave ST., 28-4 WARD)

2-FULL NAME Otto Burkhard

(a) RESIDENCE No. 4308 Walnut Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Flora Burkhard

6 DATE OF BIRTH (month, day, and year) Oct 8, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	55	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Own Paper

(c) Name of employer Daily Record

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Adelbert Burkhard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilda Burgmaier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Flora V. Burkhard (Address) 4308 Walnut Av.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Sept 23, 1926, that I last saw h.. alive on Sept 23, 1926, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypertension - Chr Nephritis - Chronic Myocarditis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George F. Weaver, M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept 25 1926
20 UNDERTAKER	ADDRESS
J. M. Cook	502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

Dr Thulin — 2129 Nat Guard Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14395 E 14395

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1629 Greensbury St. 15-12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William O Lynch

(a) RESIDENCE No. 1629 Greensbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20, 1902

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	23	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Typist 004

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mkmnnd

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Elijah Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie Bruf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Annie E Lynch (Address) 1629 Greensbury St

15 FILED Sept 24 1926 19 C. HAMPSON JONES M.D. Registrar

16 Per RPD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Sept 23, 1926, that I last saw h[illegible] alive on Sept 23, 1926 and that death occurred, on the date stated above, at 10-25 A.m.

The CAUSE OF DEATH* was as follows:

Subarcelous (coma)

(duration) yrs. 6 mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Thulin & Mueller M.D.

Sept 24 19 26 (Address) 2129 Nmtla

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Sept 27 19 26

20 UNDERTAKER Will Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14396 E 14396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Agnes Hospital ST., 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Hiber

(a) RESIDENCE NO. York. Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Harry Hiber.

6 DATE OF BIRTH (month, day and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54 about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H'wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Philip Criet.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Emma Rouselot

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Harry Hiber (Address) York. Pa

15 Filed Sept 28, 1926 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24- 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926, to 9-24-, 1926, that I last saw h[illegible] alive on 9-24, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
Auricular fibrillation

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam

(Signed) J. Theron Hunter, M. D.

(Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Cyprus — DATE OF BURIAL Sept 27 1926

20 UNDERTAKER J M Cook — ADDRESS 502 E Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14397.

CERTIFICATE OF DEATH.

113 E 14397

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 S. Ann St. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie V. Tucker.

(a) RESIDENCE NO. 27 S. Ann St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Prado. St Marys

(State or country) Co. Md

PARENTS

10 NAME OF FATHER James Tucker.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Jones.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant James Tucker.

(Address) 27 S. Ann St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 - 1926 19

17

I HEREBY CERTIFY, That I attended deceased from 9/18, 1926, to 9/23, 1926, that I last saw h[illegible] alive on Sept 23, 1926, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

Broncho Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Sign

(Signed) Samuel H Graham, M. D.

. 19 26 (Address) 3325 Pod Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cem. Holly wood Md — Date of Burial: Sept. 25 1926

20 UNDERTAKER: Lilly & Ed Zeiler — ADDRESS: 1103 S. Wolfe St

RPW

Spec.—1-10-21 M&T 1500 Blks.

E 14398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

163 45

E 14398

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2866 W. Lanvale ST., 16th WARD)

2-FULL NAME Catherine Woods

(a) RESIDENCE NO. 2866 W. Lanvale ST. 16th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter J. Woods

6 DATE OF BIRTH (month, day, and year) May 20 - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3 4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress Work

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter Zinger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Buckenmeyer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Mrs. Agnes Woods 2866 W. Lanvale

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per R.H.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1926, to Sept 24, 1926, that I last saw her alive on Sept 23, 1926 and that death occurred, on the date stated above, at 4, 40 P. m.

The CAUSE OF DEATH* was as follows:

General Abdominal Carcinoma

(duration) ✓ yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Malignant Cachexia

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) John L. Thalheimer, M. D.

9-24-1926 (Address) 1219 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 27 1926
UNDERTAKER	ADDRESS
H. Neufeldt	155 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

14399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14399

135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. 10-3 ST.; 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frank Lauter.

(a) RESIDENCE NO. 211 E. Lexington ST. 2nd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. F. Lauter.

6 DATE OF BIRTH (month, day, and year) July 9, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Typewriter 63

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles S Lauter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Lauter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 31, 1926, to Sept 22, 1926.

that I last saw him alive on Sept 22, 1926.

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate ?

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of Sept 22, 1926.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 1211 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Interment Lauter's Lot

(Address) 211 E Lexington Sts Western Cemetery Sept 24 1926

15 Filed 1926 C. HAMPSON JONES, M. D. Register

Per Reth

16 PLACE OF BURIAL, CREMATION OR REMOVAL

17 UNDERTAKER H. B. Kilgore

DATE OF BURIAL

ADDRESS 855 N Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14400 — 49E 14400

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Belville Av ST. 28-2 WARD)

2-FULL NAME Margaret Neb

(a) RESIDENCE No. 511 Belville Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Neb

6 DATE OF BIRTH (month, day, and year) Jan 29-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) York, Penna.

PARENTS

10 NAME OF FATHER John Kahlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Eliz. Schissler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John Neb
(Address) Englewood a. Woodlawn

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar
1926 Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23-1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1926, to Sept 23, 1926, that I last saw h[illegible] alive on Sept 22, 1926 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) unknown yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

9/23/1926 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Sept 27, 1926.

20 UNDERTAKER Mortis J. W. Teufel & Son — ADDRESS 801 W. Fayette

Spec.—12-9-25—A Co.—200 Bks.

E 1440I

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

E 1440I

1-PLACE OF DEATH

City of BALTIMORE: (No. 3218 Edmondson Ave St 8 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Mueller.

(a) RESIDENCE NO. 3218 Edmondson Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Mueller.

6 DATE OF BIRTH (month, day, and year): Aug. 2. 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Wolf.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Dorn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: George Mueller

(Address): 3219 Edmondson Ave

15 Filed: C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 1- 1926, to Sept 23, 1926

that I last saw h.. alive on Sept 23, 1926

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma Intestines

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Surgical

(Signed) Chas A Carlson, M. D.

9/23, 19 26 (Address) 2105 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial Sept. 25 1926

20 UNDERTAKER: Mrs Mrs John H. Feudel & Son ADDRESS 811 W. Fayette St

Pat RCB

Spec.—1-10-21—M&T—1500 Bks.

E 14402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14402

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 26 WARD)

REGISTERED NO. 87

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B Hopkins

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospitals Balto Md

15 Filed 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-6 1926 to 9-22 1926

that I last saw him alive on 9-22 1926

and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry H Goldsmith M. D.

9/23/26 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL 9/25/1926

20 UNDERTAKER Hend Easton ADDRESS 916 E

Spec.—1-12-23—M&T—500 Bks.

E 14403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14403

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Catherine ST. 10-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph N Haidu

(a) RESIDENCE NO. 5 N Catherine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Stephan Haidu

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Stephan Haidu

(Address) 5 N Catherine St

C. RAMPSON JONES, DT.

Filed 4 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/16 1926 to 9/23 1926, that I last saw him alive on 9/23 1926 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Gastric Intestinal Intoxication

2 Toxemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cahn, M. D.

9/23 1926 (Address) 2105 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 9/25 26

20 UNDERTAKER George A Finley Funl. Dir. ADDRESS Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14404 E 14404

CERTIFICATE OF DEATH.

31

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3036 Philadelphia Ave St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose M. Fowler

(a) RESIDENCE NO. 3036 Philadelphia Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Apr 18/1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Howard J. Fowler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Anna Gorinne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md

14 Informant Howard J. Fowler

(Address) 3036 Phila., Ave

15 Filed 9/23 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 21-1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (Duration) yrs. mos. ds.

(Signed) J. H. Coles M. D.

(Coroner)

9/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Sept 25 '26

20 UNDERTAKER Rudell & Keppel ADDRESS 300 S Eden St

Spec.—1-10 21—M&T—1500 Bks.

E 14405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 ✓ 003

E 14405

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. (St.) Grover 15-3 (WARD)

2-FULL NAME Mrs. Fanny L. Grundy

(a) RESIDENCE NO. 210 Leisterown Rd St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. F. Grundy

6 DATE OF BIRTH (month, day, and year) May 1 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Service Mgr

(b) General nature of industry, business, or establishment in which employed (or employer) Frigidaire Corp

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greenville S.C.

PARENTS

10 NAME OF FATHER John F. Grundy

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Mrs. F. Grundy (Address) 210 Leisterown Rd

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1926, to Sept 23, 1926, that I last saw h alive on Sept 23, 1926, and that death occurred, on the date stated above, at 11:40 A. m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung breaking into Pleura.

(duration) yrs. ? mos. 26 ds.

CONTRIBUTORY (Secondary) Tuberculosis

Tuberculosis (duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-6-26

Was there an autopsy? No Clinical.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md.

DATE OF BURIAL Sept 26, 1926

20 UNDERTAKER Wm. Tickner & Sons

ADDRESS North Ave

Spec.—1-12-23—M&T—500 Bks.

E 14406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14406

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 337 E. 22 nd St. 12-5 WARD)

2-FULL NAME Eleanor Virginia White

(a) RESIDENCE NO. 337 E. 22nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. Caleb B. White

6 DATE OF BIRTH (month, day, and year): Nov. 23 1847

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Samuel Burnett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Ann Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr. D. H. Duvall

(Address) 337 E. 22nd St

FILED 1926 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Sept 23, 1926

that I last saw her alive on Sept 23, 1926

and that death occurred, on the date stated above, at 7.44 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Joshua W Danielson M.D.

(Address) 17 N Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and t2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Sept 25 1926

20 UNDERTAKER: Wm. Hickner Sons ADDRESS: Norrd Pa

Spec.—1-10-21—M&T—1500 Bks.

(Brown)

E 14407 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14407

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals WARD)

2-FULL NAME Mary Brabeu

(a) RESIDENCE NO. 2427 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col'd	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Va

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Record.

(Address)

15 Filed 1926 . 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1922 to Sept. 23 1926.

that I last saw h[illegible] alive on Sept 23, 1926

and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) Unknown

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] Blundell, M. D.

, 19 (Address) Balto City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Sept 1926

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1462 [illegible] Ave

Spec.—1-12-23—M&T—500 Blks.

E 14408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1703 N. Dallas ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Loretta Chew

(a) RESIDENCE NO. 1703 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Frank Chew

6 DATE OF BIRTH (month, day, and year) May 21. 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER George Young

11 BIRTHPLACE OF FATHER (city or town) Carolina N. Ca.
(State or country)

12 MAIDEN NAME OF MOTHER Louise Rhodes

13 BIRTHPLACE OF MOTHER (city or town) Hanover Va.
(State or country)

Informant Mother
(Address) 1703 N. Dallas

Filed 5 1926 C. [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1926, to Sept. 22, 1926, that I last saw her alive on Sept. 22, 1926, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) General Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Evs

(Signed) W. L. Berry, M. D.

, 19 (Address) 1510 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Sept 26 1926
20 UNDERTAKER	ADDRESS
Mrs J. G. Locks	1302 Jefferson

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14409

CERTIFICATE OF DEATH.

129 E 14409

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 Whitridge ave. 17-4 Ward)

2-FULL NAME Robert. E. Hutchinson

(a) RESIDENCE NO. 311. Whitridge ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4yr. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lete Mary. E 1864

6 DATE OF BIRTH (month, day, and year): Feb 25. 1860

7 AGE: 62 Years 6 Months 28 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Mason

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer —

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert. E Hutchinson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore

14 Informant Charles Hutchinson

(Address) 311. Whitridge ave

15 Filed 1926 C. THAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 5 1926 to Sept 23, 1926, that I last saw h. in alive on Sept 22, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) yrs. 9 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geary A Jones M. D.

Sept 23 1926 (Address) 211 N. Hanford Rd Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Cedar Hill Cemetery Sept 27 1926

20 UNDERTAKER ADDRESS

Geo. J. Ruth 1235 Harford ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14410

CERTIFICATE OF DEATH.

31 E 14410

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2748 Wilkins Ave St. W-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl William Hank

(a) RESIDENCE NO. 2748 Wilkins Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 31 - 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	10	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk. 8th

(b) General nature of industry, business, or establishment in which employed (or employer) Wilson-Martin (packing)

(c) Name of employer

9 BIRTHPLACE (city or town) Indianapolis Ind.

(State or country)

PARENTS

10 NAME OF FATHER Ralph Hank

11 BIRTHPLACE OF FATHER (city or town) Penn

(State or country) Ind.

12 MAIDEN NAME OF MOTHER Leah M. Shoff. 9-22-1926

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Indianapolis Ind.

14 Informant Leah M. Hank.

(Address) 2748 Wilkins Ave.

Filed 5 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22. 1926

17

I HEREBY CERTIFY, That I attended deceased from March 31 - 1926, to September 22, 1926, that I last saw him alive on September 19, 1926, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary and Intestinal Tuberculosis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY none

(Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of — .

Was there an autopsy? no

What test confirmed diagnosis? physical signs & Sputum test

(Signed) Chester Leland, M. D.

9-22-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Sept 25 26

20 UNDERTAKER Harry A. Witzke ADDRESS 1530 Whitelock St

Spec.—12-9-25—A Co.—200 Bks.

E 14411

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 14411

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1531 Byrd St. 24-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcella A. Hurley.

(a) RESIDENCE NO. 1531 Byrd St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug, 8, 1925.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1,	1,	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. ~~Child~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Norris E. Hurley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Naomi M. Higgins.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dorchester Co. Md.

14 Informant Norris E. Hurley. (Father)

(Address) 1531 Byrd Street.

Filed 5 1926, 19 C. THOMPSON JONES, M. D.

Per APV Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Sept 25, 1926

that I last saw h alive on Sept 25, 1926

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY Convulsions

(Secondary)

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed R. K. Campbell, M. D.

9-26-26 Address 1644 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Cedar Hill Cem Sept 25 1926

20 UNDERTAKER — ADDRESS

A. Howard Evans 38 E Fat Ave

Spec.—1-12-23—M&T—500 Bks.

E 14412 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14412

CERTIFICATE OF DEATH. 16-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Dougherty

(a) RESIDENCE NO. 1834 Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-2-26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Dougherty

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Emily Smith

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Reade (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 5 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1926, to Sept 23, 1926, that I last saw h[illegible] alive on Sept 23, 1926 and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastro Intestinal Indigestion

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Geo W. Cornman, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carroll Cem DATE OF BURIAL Sept 25 1926

20 UNDERTAKER M. Wm H. S. Finch ADDRESS 2512 Wilkins Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 14413

CERTIFICATE OF DEATH.

E 14413

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 N. Montford Ave. Ward) 9-3

2-FULL NAME Frederick Helmer

(a) RESIDENCE NO. 710 N. Montford Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed, or Divorced (write the word)~~: Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Reba. Helmer

6 DATE OF BIRTH (month, day, and year): Dec. 25-1863

7 AGE — Years: 62 | Months: 8 | Days: 27 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Helmer

11 BIRTHPLACE OF FATHER (city or town):

(State or country): U.S. Germany

12 MAIDEN NAME OF MOTHER: Natalia Kimmerle

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Anna Lauskey

(Address): 710 N. Montford Ave.

15 Filed 5 1926 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: Sept 22

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Sept. 22, 1926, that I last saw h.. alive on Sept. 22, 1926, and that death occurred, on the date stated above, at 11.45 P.m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis Krauss, M. D.

, 19 (Address) 2500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial: Sept 26/26

20 UNDERTAKER: Jas C. Fullerton ADDRESS: 2334 Jeff

Spec.—1-12-23—M&T—500 Blks.

E 14414 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14414

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Port ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rudolph Vobbe

(a) RESIDENCE NO. 804 N. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Vobbe

6b DATE OF BIRTH (month, day, and year) March 15-1830

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Organist

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know

Informant Mary Vobbe

(Address) 804 N. Port St

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per RPP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3 1926 to Sept. 23. 1926.

that I last saw him alive on Sept. 23 1926,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary) Infirmity of Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis

(Signed) J. H. Collenberg M. D.

19 (Address) 1810 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 27 1926

20 UNDERTAKER Girsler & Girsler

ADDRESS 1739 E. Eager

Cor.—12-9-25—A Co.—200 Bks.

E 14415

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 14415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 S Belnord St. 1-N Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C Froelich

(a) RESIDENCE NO. 533 S Belnord St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Froelich

6 DATE OF BIRTH (month, day, and year): Dec 31 1878

7 AGE: Years 47 Months 9 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: American Can Co

9 BIRTHPLACE (city or town): Balto md

(State or country)

PARENTS

10 NAME OF FATHER: Conrad Froelich

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothy Engrad

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto md

14 Informant: Minnie Froehlich

(Address) 533 S. Belnord St.

15 Filed 1925 C. HAMPSON JONES, M. D. Registrar

Per APH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

10 hours

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Daniel F Frank M. D.

(Coroner)

, 192 4 (Address) 3325 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls Cemetery Date of Burial: Sept. 27 1925

20 UNDERTAKER: Zirkler + Zirkler ADDRESS: 1739 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14416

CERTIFICATE OF DEATH.

E 14416

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 954 Druid Hill St., 17-2 Ward)

2-FULL NAME Charles C. Stewart

(a) RESIDENCE NO. 954 Druid Hill St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	~~Widow~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Lucy~~

6 DATE OF BIRTH (month, day, and year) June 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper on

(b) General nature of indastry, business, or establishment in which employed (or employer) Mowing Wagon.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Stewart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Henrietta Stewart

(Address) 527 Edmondson Ave

15 FEB 25 1926 16 C. HAMPSON JONES M. D.

Per RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Hemsley, M. D.

(Coroner)

19 26 (Address) 2802 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial Sept 21 19 26

20 UNDERTAKER Samuel Hemsley ADDRESS 2802 Eutaw Pl

Spec.—1-12-23—M&T—500 Bks.

E 14417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14417

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 17-7 WARD)

2-FULL NAME Julia Roberts

(a) RESIDENCE NO. 521 Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lloyd T Roberts

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Record of Age Women Home 521 N Biddle St

Filed 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/24 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/28, 1926, to 9/24, 1926, that I last saw her alive on 9/23, 1926, and that death occurred, on the date stated above, at 5 38 A m.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary): Respiratory & Circulatory paralysis

(duration) yrs. mos. 1 ds

18 Where was disease contracted if not at place of death? 521 Biddle St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Gaines, M. D.

, 19 (Address) 1611 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — DATE OF BURIAL: Sept 26 1926

20 UNDERTAKER: Samuel Hemsley — ADDRESS: 1113 Bla

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14418

CERTIFICATE OF DEATH.

170

E 14418

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2411 Oak St St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Johnson

(a) RESIDENCE NO. 2411 Oak St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Dr. Gittler

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Ella Davis

(Address) 2411 Oak St

15 Filed C. HAMPSON JONES, M. D.

5 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Sep 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot into Brain

Probably Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. H. Gittler, M. D.

(Coroner)

9/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Cushing Cemetery Sept 25th 26

20 UNDERTAKER ADDRESS

Mrs R G. Elliott 1725 Eastland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14419

CERTIFICATE OF DEATH.

187 E 14419

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 23-1

2-FULL NAME Lee Robinson.(C)

(a) RESIDENCE NO. 43 W. West St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced, HUSBAND of Mary Robinson.(C)

6 DATE OF BIRTH (month, day, and year) February 22, 1891.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Piedmont Guano Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Oklahoma.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do Not know.

14 Informant Mary Robinson.(C) wife.

(Address) 43 W. West St.

15 Filed C. HAMPSON JONES, M. D.

1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lacerated abdomen, compound fracture of the right arm. (Amputated) Shock. Accidentally caught in revolving gears.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

9/25, 1926 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Piedmont Guano Co. Curtis Bay Sep. 21/26.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Sept 25-26

20 UNDERTAKER J. H. Trader ADDRESS 102 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14420

E 14420

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Williams

(a) RESIDENCE NO. 915 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Warren Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rosa —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant City Hospital Records

(Address)

15 Filed C. HAMPSON JONES M.D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22 1926

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1926, to September 22, 1926, that I last saw him alive on September 21, 1926, and that death occurred, on the date stated above, at 6.05 A.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditus

Myocardial Insufficiency (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) ? yrs. ? mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) E. Hooper Smith, M. D.

Sept 23 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

BALTIMORE CITY HOSPITALS

UNIVERSITY OF MARYLAND

Commissioner of Health

SEP 25 1926

5 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14421 E 14421

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna M Eilers.

(a) RESIDENCE NO. Mt Washington Hughs. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced ~~HUSBAND OF~~ ~~OR WIFE OF~~ of A G. Eilers.

6 DATE OF BIRTH (month, day, and year) March 25 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Colinge (State or country) Minnesota

PARENTS

10 NAME OF FATHER John Mohrbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Minnesota

12 MAIDEN NAME OF MOTHER Matilda Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minnesota

14 Informant Hospital record.

(Address) Md General Hospital

15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926, to Sept 24, 1926, that I last saw h alive on Sept. 24, 1926, and that death occurred, on the date stated above, at 1.25 A m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction Pulmonary edema Toxemia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Rome

Did an operation precede death? Yes Date of 9-13-26

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Sept 27 1926

20 UNDERTAKER Henry Sander & Sons Inc. ADDRESS 1710 Pact St.

Spec.—1-10-21—M&T—1500 Bks.

E 14422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14422

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 540 N Bond St. 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Brown

(a) RESIDENCE NO. 540 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day....hrs. or....min.
	approx 51		1875	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) Md,
(State or country)

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Priscilla Courey

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Robert E Williams
(Address) 1515 McElderry st.

5 1926 C. HAMPSON JONES, M. D.
Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Sept 24, 1926, that I last saw him alive on Sept 22, 1926 and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R Hoffman, M. D.

9/24/26 (Address) 14 Eagle monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St michaels md — DATE OF BURIAL Sept 26 26

20 UNDERTAKER Robert E Williams 1515 Mc Elderry st — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

14423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 716-7 ST. WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Ewing

(a) RESIDENCE No. 5th Ave & 33rd St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Ewing

6 DATE OF BIRTH (month, day, and year) 1871 Aug 22

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Becks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER — Ships

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant City Hospital Records (Address)

15 Filed SEP 25 1926 C. HAMPSON JONES, M. D. Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 24 1926

17 I HEREBY CERTIFY, That I attended deceased from September 17, 1926, to September 24, 1926, that I last saw h.. alive on September 24, 1926, and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
Chron. Myocarditis
Myocardial Insufficiency
(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? gross & laboratory

(Signed) C. Hampson Jones, M. D.

Sept 25 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisdon Pa

DATE OF BURIAL Sept 25 1926

20 UNDERTAKER John Merrick

ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 14424

101-001

E 14424

1. PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2812 Woodbrook ave ST. 13-5 WARD)

2. FULL NAME Harry T Frankenberger

(a) RESIDENCE No. 2812 Woodbrook ave ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Wht	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Frankenberger

6 DATE OF BIRTH (month, day, and year) Aug. 16-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper 008

(b) General nature of industry, business, or establishment in which employed (or employer) Sausage Mfgr.

(c) Name of employer Jaiz Pritzlag

9 BIRTHPLACE (city or town) Balti
(State or country) Md

PARENTS

10 NAME OF FATHER John C. Frankenberger

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Kathrin Harter 9-24 1926

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant C. F Grany
(Address) 2636 N. Fulton ave.

15 Filed 9 26 1926 C. HAMPSON JONES, M. D. Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926, to Sept 23, 1926,
that I last saw him alive on Sept 23, 1926,
and that death occurred, on the date stated above, at 5-40 P. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Robert J Green M. D.

(Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Sept 27 1926

20 UNDERTAKER Harry W. Ellen ADDRESS 1440 W. North ave

Spec.—12-9-25—A Co.—200 Bks.

E 14425 HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 14425

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2817 Ulman ave St. 15-3 Ward)

2-FULL NAME Mollie Fine

(a) RESIDENCE NO. 2817 Ulman ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 36 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris Fine

6 DATE OF BIRTH (month, day, and year): unk

7 AGE: Years 66 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltimore

15 Filed SEP 26 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 9-24-26

17

I HEREBY CERTIFY, That I attended deceased from May 1st, 19 26, to Sept 24th, 19 26,

that I last saw h__ alive on Sept 24, 19 26,

and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted ?

If not at place of death?_____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Jerome ? Strauss, M. D.

Sept 27 19 26 (Address) 236 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Date of Burial 9/27 19 26

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 14426 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 14426

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Bond ST., 7-1 WARD)

2-FULL NAME Baby Keene

(a) RESIDENCE NO. 811 N Bond ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1926

7 AGE	Years	Months	Days	If LESS than 1 day 15 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Wilbourn Keene

11 BIRTHPLACE OF FATHER (city or town) Hagerstown
(State or country) County, Md.

12 MAIDEN NAME OF MOTHER Bertha Rawe

13 BIRTHPLACE OF MOTHER (city or town) Londonderry Co
(State or country) Md.

14 Informant W E Keene
(Address) 811 N Bond St

15 Filed ..... 19 .....
Per .....
Registrar .....

C. THAMPSON JONES, M. D.

2 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1926, to Sept 26, 1926, that I last saw him alive on Sept 25, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Failure of Heart
(Congenital Heart disease)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY ~
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis Physical

(Signed) R J Gentry, M. D.

9/25, 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cmty	Sept [illegible] 26
20 UNDERTAKER	ADDRESS
Parfitt & Wheeler	[illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 14427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jennie Clark 100-04

City of BALTIMORE: (No. 2658 Dulany St. 70-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Watts

(a) RESIDENCE NO. 2658 Dulany St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 28 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER James Watts

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Pollie Tolliver

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mrs. J. Watts

(Address) 2658 Dulany St.

15 Filed SEP 26 1925 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

not complicated

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Dulany M. D.

(Coroner)

, 19 25 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Sep. 27 1925

20 UNDERTAKER C. W. Dill ADDRESS 3109 Freak Ave.

Spec.—1-10-21—M&T—1500 Bks.

Menetti

E 14428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 14428

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hospitals ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Menetti

(a) RESIDENCE No. 2139 Cambridge St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W -	Wid -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Balto city Hospital Record (Address)

15 Filed 9 26 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1926 to Sept. 23, 1926.

that I last saw her alive on Sept 23, 1926.

and that death occurred, on the date stated above, at 10-45 P m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of neck with Metastases

(duration) 1 yrs. mos da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) B. Lefkowitz, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus cem	Sep 27 1926
20 UNDERTAKER	**ADDRESS**
John M Weber	1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14429

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

~~E 14429~~ 1201

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 815 St. Paul Street ST. 11-3 WARD)

2-FULL NAME Sophie Kerr Trippe

(a) RESIDENCE No. 815 St. Paul Street ST., WARD Resident.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 78 yrs. 9 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Trippe

6 DATE OF BIRTH (month, day, and year) Dec-19-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired-United States

(b) General nature of industry, business, or establishment in which employed (or employer) Goverment

(c) Name of employer Employee

9 BIRTHPLACE (city or town) Easton-Talbott County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Philip F. Thomas

11 BIRTHPLACE OF FATHER (city or town) Easton
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maria Kerr

13 BIRTHPLACE OF MOTHER (city or town) Talbott Co.
(State or country) Maryland

14 Informant Mr. Richard Trippe (son)
(Address) 815 St. Paul Street.

15 Filed SEP 26 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1926, to Sept 24th, 1926,
that I last saw h~~er~~ alive on Sept 24th, 1926,
and that death occurred, on the date stated above, at 2. P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ... mos 14 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis.

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ~~?~~

Did an operation precede death? ~~?~~ Date of ~~?~~

Was there an autopsy? ~~?~~

What test confirmed diagnosis? Signs & symptoms

(Signed) L. A. Blackford M. D.

Sept 24, 1926 (Address) 900 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton-Talbott-County-Md. DATE OF BURIAL Sept. 27-26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 14430

E 14430 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2413 East North ave — Registered No. [illegible]

City of BALTIMORE: (No. 2413 East North ave St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Margaret Leimbach

(a) Residence No. 2413 East North ave St., 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec. 25, 1924

7-AGE: One yrs. 9 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md

PARENTS.

10-NAME OF FATHER: August Leimbach

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Clara M Mowtray

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Easton, Md

14-

(Informant) August Leimbach (father)

(Address) 2413 East North ave

Filed Sept 26 1926 H. THOMPSON JONES, M. D.

Per [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 25, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926 to Sept 25, 1926

that I last saw her alive on Sept 25, 1926,

and that death occurred, on the date stated above, at 3.9. m.

The CAUSE OF DEATH* was as follows:

1. Bronchopneumonia

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary) Accidental Laudanum poisoning by Synthetic Oil of Wintergreen

(Duration) yrs. mos. One ds. 15 times

18-Where was disease contracted if not at place of death? [illegible] Hospital Dead

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine Clinical tests

(Signed) [illegible] M. D.

Sept 25, 1926 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Md — DATE OF BURIAL: Sept 27, 1926

20-UNDERTAKER: Peter Nicolaus — ADDRESS: 2923 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14431

CERTIFICATE OF DEATH.

E 14431

REGISTERED NO. 101001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 W Hatt Av. (St.) 136 (WARD)

2-FULL NAME Stephen J. Waldpacher

(a) RESIDENCE NO. 808 W. 32nd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Waldpacher

6 DATE OF BIRTH (month, day, and year): Sept 6, 1843

7 AGE: Years 83 | Months — | Days 25 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Taylor

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Stephan J. Waldpacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sabina Waldpacher

(Address): 808 W Hatt St

15 Filed 26 1926 C. RAWLSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 19 26, to Sept 25, 19 26, that I last saw h[illegible] alive on Sept 25, 19 26 and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

Signed F. C. Leinbach, M. D.

(Address) 1803 N Wolfe & Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Park Wood Cemetery — DATE OF BURIAL: Sept 28 19 26

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

Tolson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14432

CERTIFICATE OF DEATH.

1826 E 14432

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Fort Frederick St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Tolson

(a) RESIDENCE NO. 124 N Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col. White U.S.A. Mariner

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 38 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER Thomas Tolson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Clara Tolson

(Address) 124 N Dallas

15 Filed ..... 19.. HOWARD JONES, M. D.

Registrar

26 1926 per RH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally drowned (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Sept 26 1926 (Coroner) (Address) 1059 Orleans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem — Date of Burial: 9/27 1926

20 UNDERTAKER: Jas. H. Skinner — ADDRESS: 1625 E. Madison

Spec.—1-26—M&T—500 Bks.

19530 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14433

CERTIFICATE OF DEATH.

1 3

E 14433

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 1-4 (WARD)

2-FULL NAME Emma Stansbury

(a) RESIDENCE NO. 318 Hare ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Everett Stansbury

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Emma Brettner

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 26 1926 Pgs. R.K. Registrar

THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Sept. 24, 1926, that I last saw h e s alive on Sept 24, 1926 and that death occurred, on the date stated above, at 3 25 A. m.

The CAUSE OF DEATH* was as follows:

Acute gastro intestinal Indigestion

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? yes

What tests confirmed diagnosis?

(Signed) Thomas W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Sept 27 1926

20 UNDERTAKER Lilly & Zile ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14434

E 14434

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Eastern Ave. ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Juszynski

(a) RESIDENCE No. 1914 Eastern Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH Unknown

7 AGE Years 55 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

040

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Jacob —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Cecelia Juszynsco (Address 1914 Eastern Ave.)

15 Filed SEP 26 1926 Per R.H. Registrar C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/1 —, 1926, to 9-25, 1926 that I last saw h[illegible] alive on 9/24, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 29 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Daniel A Stahler M. D.

, 192, (Address) 3328 Oaed Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Sept 28 1926

20 UNDERTAKER F. W. Ozdzewski ADDRESS 1990 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14435 E 14435

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S. Gilmor St St. 14-2 Ward)

2-FULL NAME William V. Mercer

(a) RESIDENCE NO. 128 S. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Jessie K. Mercer (nee Wilson)

6 DATE OF BIRTH (month, day, and year) September 3, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66		20 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Mercer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Trigg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. William V. Mercer

(Address) 128 S. Gilmor St.

15 Filed Sept 26 1926. C. EARLSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1926 to Sept 23 1926, that I last saw h[illegible] alive on Sept 23 1926, and that death occurred, on the date stated above, at 1 A.M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Sept 27 1926 (Address) 1328 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harry H. Woltzke DATE OF BURIAL Sept 28 26

20 UNDERTAKER Mt Auburn Md ADDRESS 1521 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Katherine Keahl E 14436

CERTIFICATE OF DEATH.

90 E 14436

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. [redacted] St. 18 3 Ward)

2-FULL NAME Catherine Kehl

(a) RESIDENCE NO. 1240 W. Pratt St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Christopher Keahl

6 DATE OF BIRTH (month, day, and year) November 7, 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	77 78	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Faber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

15 Filed SEP 26 1926 C. Lawson Jones, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25 1926

17

I HEREBY CERTIFY, That I attended deceased from August 26, 1926, to September 25, 1926, that I last saw h e alive on September 24, 1926, and that death occurred, on the date stated above, at 1.45 11 m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hobpe Smith, M. D.

Sept 25 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Sept 28 1926

20 UNDERTAKER Harry H. Nitzke ADDRESS 1531 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 14437

90 E 14437

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St. (14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Adelaide Vineyard

(a) RESIDENCE NO. 309 S Paca St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Vineyard

6 DATE OF BIRTH (month, day, and year) May 13, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newfoundland (State or country) Canada

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rosetta Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm Vineyard (Address) 309 S. Paca St

15 Filed 9 25 1926 Per

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24 1926

17 I HEREBY CERTIFY That I attended deceased from 9-3 1926, to 9-24 1926, that I last saw h-e alive on 9-24 1926, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows

Cardio - renal disease
(Gangrene right leg)
resulting in Uremia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) J. Theron Hunter M. D.

9/27. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL Sept 27 1926

20 UNDERTAKER Harry A Fritzlen

ADDRESS 153 W Lanvale

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14438 E 14438

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Mc Henry St ST., 14 WARD)

2-FULL NAME Frank Miller

(a) RESIDENCE NO. 1727 Mc Henry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Miller (nee Gross)

6 DATE OF BIRTH (month, day, and year) Dec 22, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	49	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz Klausmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm H Miller

(Address) 334 S Elmo St

15 Filed 2 6 1926, 19 C. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from June, 19 25, to Sept. 24, 19 26, that I last saw h alive on Sept. 24, 19 26, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Sarcoma (Back) 1 Year

Liver & Axillory Glands

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1925

Was there an autopsy? No

What test confirmed diagnosis? Pathological

(Signed) Chas Kemblum M. D.

19 (Address) 344 N Eutaw St Ba

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Sept 28 1926

20 UNDERTAKER Harry H Hetzle

ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14439
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

29 E 14439
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4200 Belvieu Avenue (ST.) 28-L (WARD)

2-FULL NAME Adah W. Lee

(a) RESIDENCE NO. 4200 Belvieu Avenue ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thorvald A. Lee

6 DATE OF BIRTH (month, day, and year): May 31, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

PARENTS

10 NAME OF FATHER: George F. Williams

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Do not know

12 MAIDEN NAME OF MOTHER: Anne R. Higgins

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country): Maryland

14 Informant: Thorvald A. Lee
(Address): 4200 Belvieu Avenue

15 Filed 9-26-1926 C. HAMPSON JONES, M. D. Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 24th, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1926, to Sept. 24th, 1926.

that I last saw her alive on Sept. 23rd, 1926.

and that death occurred, on the date stated above, at 1 00h p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage which occurred 5 or 6 years ago.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Interstitial nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Eloise C. Price M. D.

(Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 9/27 1926

20 UNDERTAKER: Henry W. Mears & Son

ADDRESS: 805 N Calvert St.

Copy supplied. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14440

CERTIFICATE OF DEATH.

REGISTERED No. 33 E 14440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Carey ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene A. Rodgers

(Residence in Baltimore: No. 817 N. Carey St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 14, 1926
(Month) (Day) (Year)

7-AGE, 6 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Julius Rodgers

11-BIRTHPLACE OF FATHER (State or Country), N C

12-MAIDEN NAME OF MOTHER Grace E. Roye

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Rodgers

(Address) 817 N Carey St.

15-

Filed....., 191.....

Registrar.

SEP 26 1926 NATHAN JONES

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 23, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 1926, to Sept 23 1926 that I saw h[er] alive on Sept 22 1926 and that death occurred, on the date stated above, at 4 A, m.

The CAUSE OF DEATH* was as follows:

Enteritis

Pertonitis

(Duration)....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs.....mos.....ds.

(Signed) T. E. Daugherty M. D.

Sept 26, 1926 (Address) 1602 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cushing Cemetery — DATE OF BURIAL, Sept. 26 1926

20-UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14441
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31

REGISTRATION NO. E 14441

CITY OF BALTIMORE: (No. 411 E. Federal ST. 126 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorelee Peterson

(a) RESIDENCE NO. 411 E. Federal ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex. Peterson

6 DATE OF BIRTH (month, day, and year) Aug 31, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	0	22 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Archie Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rena Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Alexander Peterson 411 E. Federal St.

15 Filed SEP 26 1926, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23-1926

17 I HEREBY CERTIFY, That I attended deceased from 9-22-26, 1926, to 9-22, 1926 that I last saw h[illegible] alive on 9-22, 1926 and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cold

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. H. Walker, M. D.

19 (Address) 1636 Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lochry Cemetery	Sept 27 26
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Ashland Ave

Spec.—8-24-14—M. & T.—2000 Blks.

E 14442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.14442

44 E 14442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Liberty Heights Ave. St.) (15-1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Gorgas Shipley

(Residence in Baltimore: No. 3909 Liberty Heights Ave. St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W.

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Widowed

6-DATE OF BIRTH, Nov 2nd (Month) (Day), 1845 (Year)

7-AGE, 80 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Law & Real
(b) General nature of industry, business, or establishment in which employed (or employer)..... Estate

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Chas A Shipley

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary George

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ball Warby

(Address) 3909 Liberty Hts Ave

15- Filed SEP 26 1926, 191.... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Oct~~ September (Month) 25 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1926, to Sept 25 1926, that I saw him alive on Sept 25 1926, and that death occurred, on the date stated above, at 8.00 p.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cranitor

..... (Duration) yrs. mos. 14 ds.

~~(Signed)~~ Howard A. Warner M. D.

~~Sept~~ 25, 1926 (Address) 2604 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Sept 27th, 1926

20-UNDERTAKER Bertram Hoe — ADDRESS 1723 W Lafayette Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14443

E 14443

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: Colonial Hospital

City of BALTIMORE: (No. 3737 Park Ave St., 15 Ward)

2-FULL NAME Gertrude Rodgers

(a) RESIDENCE NO. 3737 Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Rodgers

6 DATE OF BIRTH (month, day, and year): April 1/1882

7 AGE: Years 44 Months 5 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Block

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Celia Seigel

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Louis Rodgers

(Address): 3737 Park Heights Ave

15 Filed 19

27 1926 Per Registrar

(CAMPION JONES, M. D.)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25- 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Street car accident

Fracture of Skull

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) .....yrs. .....mos. 1 ds.

(Signed) J. E. Bailey M. D.

(Coroner)

1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State..... yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run Date of Burial 9/27 19 26

20 UNDERTAKER: Sol Kirsner & Bro ADDRESS E Balto St 11 27

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14444

CERTIFICATE OF DEATH.

113 E 14444

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Wilhelm ST. 14-2 WARD)

2-FULL NAME Isaac H. Lewis.

(a) RESIDENCE NO. 1800 Wilhelm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6 DATE OF BIRTH (month, day, and year) May 15, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Isaac H. Lewis

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Elsie B. Witt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Isaac H. Lewis (Address) 1800 Wilhelm St.

15 Filed 1926. C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Sept. 24, 1926, that I last saw h[illegible] alive on Sept. 24, 1926, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Catarrhal Enteritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar T. Travers, M. D.

, 19 (Address) 1500 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Sept. 27 1926

20 UNDERTAKER George L. Schwartz — ADDRESS 2101 Fredk. Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14445

CERTIFICATE OF DEATH.

84 E 14445

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 E. Oliver ST. 8-3 WARD)

2-FULL NAME Virginia Malehorn

(a) RESIDENCE NO. 2226 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-17-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Malehorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace C. Hanes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank Malehorn

(Address) 2226 E Olivr

15 Filed SEP 7 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1926, to Sept 24, 1926, that I last saw her alive on Sept 24, 1926 and that death occurred, on the date stated above, at 5 P m

The CAUSE OF DEATH* was as follows:

Infantile Cerebral Paralysis over

(duration) Birth yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis and Cardiac failure (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Herman F. Dorf, M. D.

, 19 (Address) 3230 Park Heights Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 27 1926
UNDERTAKER W. W. Cook	ADDRESS 1201 E North

Spec.—1-12-23—M&T—500 Blks.

transcript

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14446

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14446

CITY OF BALTIMORE: (No. 33 Lehenny Ave Belmont WARD) REGISTERED NO. 26-2274-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L Brum

(a) RESIDENCE No. 33 Lehenny Ave Belmont WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances E Brum

6 DATE OF BIRTH (month, day, and year): Nov 21, 1850

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: George L Brum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Virginia Turnal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Frances E Brum

(Address) 33 Lehenny Ave

15 Filed 9-27 1926 C. HAMPSON JONES, M. D. Registrar

Per RF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Sept 24 1926

that I last saw him alive on Sept 23 1926, and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Leady M. D.

(Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 9/27 1926

UNDERTAKER: William Cook

ADDRESS: 502 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14447

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 14447

REGISTERED NO.

City of BALTIMORE: (No. Little Sisters of the Poor St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Miller

(a) RESIDENCE NO. Little Sisters of the Poor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Mar 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unk

12 MAIDEN NAME OF MOTHER Eva Dupert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unk

14 Informant Records Little Sisters of Poor

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Record 19, to 19,

that I last saw h.. alive on Sept 23, 1926,

and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uterine sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Sept 25, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cem 9/27. 1926.

20 UNDERTAKER — ADDRESS

Rita Wedgwood 914 Eutaw Pl

Key: Important See Instructions on Back of Certificate.

Spec.—12-9-25—A Co.—200 Blks.

E 14448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14448

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. VOLUNTEER' S OF AMERICA HOSPITAL. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME AUGUSTA WEDEMYER.

(a) RESIDENCE NO. 112 E. Barney St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 22, 1894.

7 AGE — Years: 32. Months: Days: 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Julius Kelm.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Christiana Wetzenred.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Switzerland.

14 Informant: August Wedemyer. (Husband)

(Address): 112 E. Barney Street.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-25 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-24, 1926, to 9-25-, 1926,

that I last saw h.. alive on 9-25, 1926,

and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uterine fibroids

Cystic Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted ?

If not at place of death!

Did an operation precede death? yes Date of 9.25.26

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) Randolph Miller, M. D.

9-25, 1926 (Address) 327 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial Sept 28 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 38 E. Fayette

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14449

CERTIFICATE OF DEATH.

91-002 E 14449

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE St. Francis Convent 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Ignatius Jordan

(a) RESIDENCE NO St. Francis Convent Ward

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Centenarian 1842

7 AGE: Years 84; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Benj. Jordan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Rebecca Jordan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant St. Francis Convent

(Address) Stuart & Buntaverdon

Filed SEP 27 1926, 19 C. LAWSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17

I HEREBY CERTIFY, That I attended deceased from May 20 1926 to Sept 25 1926

that I last saw her alive on Sept 23 1926

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) I. F. Douglass, M. D.

925 1926 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial Sept 29 26

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1725 Ashland Av

Please answer all questions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14450 101 E 14450

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Druid Hill Ave ST. 17-3 WARD)

2-FULL NAME Burnetta Dixon

(a) RESIDENCE No. 516 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dixon

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER David Dixon

11 BIRTHPLACE OF FATHER (City or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Priscilla Lawson

13 BIRTHPLACE OF MOTHER (City or town) Baltimore
(State or country)

Informant Priscilla Dixon
(Address) 516 Druid Hill Ave.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rotar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Flannery, M. D.
(Coroner.)

9/25/ 1926 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Sept 27 1926

20 UNDERTAKER Chas H. Johnson ADDRESS 46 N. Carolina St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14451

CERTIFICATE OF DEATH.

183 E 14451

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 W West St ST. 713 WARD)

2-FULL NAME Henry Wilson Seebach

(a) RESIDENCE NO. 716 W West ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Josephine Seebach

6 DATE OF BIRTH (month, day, and year) Nov. 26th 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	9	29 30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Seebach

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Salina Eiser

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Josephine Seebach
(Address) 716 W. West St.

15 Filed ....., 192.. CLAMPSON JONES, M. D.
Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot Wound Chest
Shot Gun
Self Inflicted
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond Gruber, M. D.
(Coroner.)

Sept. 25th 192.. (Address) 2225 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Sept 28 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14452

CERTIFICATE OF DEATH.

100-001

E 14452

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2016 Brunt St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis. Williams

(a) RESIDENCE NO. 2016 Brunt St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, ~~Widowed, or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 1031

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Ireland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hannah Stewart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Dora Bowers

(Address) 2016 Brunt St.

15 Filed SEP 27 1926, 19 C. LAMPSON JONES, M. D. Registrar

Per K K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 1 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) J. Bland Hoes M. D.

(Coroner)

, 19 (Address) 1436 Brg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Sept 27 1926

20 UNDERTAKER: Virginia T. Brooks ADDRESS 1463 N. Carey

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14453

CERTIFICATE OF DEATH.

38 E 14453

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar C. Richardson

(a) RESIDENCE NO. 1632 W.Mulberry St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie W. Richardson

6 DATE OF BIRTH (month, day, and year) July 14/1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Frank Richardson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Emma unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.Md

14 Informant Katie W. Richardson

(Address) 1632 W.Mulberry St

15 Filed 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 21/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Aortitis probably Syphillitic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

(Signed) J. H. Weber M. D.

(Coroner)

9/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery Date of Burial Sept 27 1926

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 4 1 Schroeder St

Very important. See instructions on back of certificate.

REPORTED BY THOMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

14454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14454

1-PLACE OF DEATH 639 N. Central ave

CITY OF BALTIMORE: (No.) ____ ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Simms

(a) RESIDENCE NO. 639 N. Central ave ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? all life mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE — Years: 49 — Months: — — Days: — If LESS than 1 day, hrs. ____ or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER John Fayette

11 BIRTHPLACE OF FATHER (city or town) D. C. (State or country) U. S. a.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) D. C (State or country) U. S. a.

14 Informant Walter Fayette

(Address) 1228 Orleans

15 Filed ____, 19 ____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Sept 25, 1926 that I last saw him alive on Sept 25, 1926 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemmorrage

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. M ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symp

(Signed) Samuel Silverstein M. D.

, 19 (Address) 22 S. Wash

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbury Evergreen. DATE OF BURIAL: Sept 27 1926

20 UNDERTAKER: Robert T. William ADDRESS: 1015 Mc Elder St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14455

E 14455

CERTIFICATE OF DEATH.

× 16-002

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No. John Hopkins Hospital St. _____ Ward)

2-FULL NAME Margaret La Rue Hale

(a) RESIDENCE NO. 11½ Baltimore Ave-Avondale St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. X mos. X ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 30-1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Mt Helena

(State or country) Baltimore. Md

PARENTS

10 NAME OF FATHER Samuel J Hale

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore Co. Md

12 MAIDEN NAME OF MOTHER Nellie F Schultz

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Maryland

14 Informant Samuel J. Hale

(Address) 11½ Baltimore Ave Avondale

15 Filed 9 1926 THOMPSON-JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3rd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diphtheric Colitis/Acute Bacilliary Dysentery

(Autopsy at Hopkins Hospital)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. R. Peters, M. D.

(Coroner)

9/26/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead, Md Date of Burial Sept 5th 1926

20 UNDERTAKER Mrs J Dickenson Sons ADDRESS Mt La Au

Very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

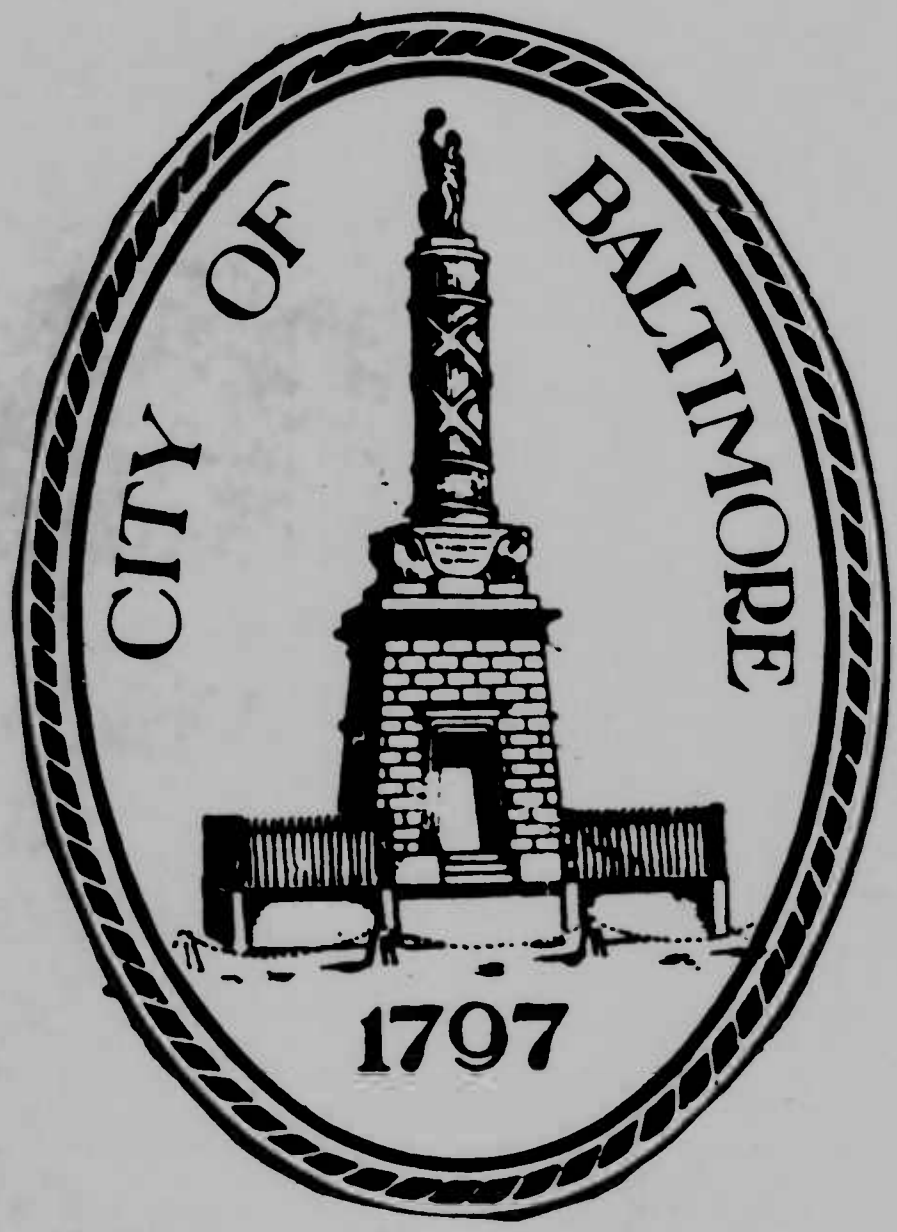
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 31st DAY MAR.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E 10761 MAY, 1926 AND
ENDING WITH #E 14455 Sept. 27, 1926 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF PUBLIC WORKS
BUREAU OF BLDG. INSPECT. AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL